FILED

Mar 17, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S96727

1. Corporation Name						
P M R SEARCH CONSULTANTS, INC.						
						I LEGITATE CER COLOR GENER PROCES INDICATOR EN BARRA COLOR CERTA BARRA BARRA BARRA BARRA FARRA
Principal Place of Business Mailing Address						-
428B OSCEOLA AVENUE 428B OSCEOLA AVENUE						
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32						DO NOT MORE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
						11/25/1991
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	26					59-3094102 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired
City & State	City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country Zip Cou			ntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25 29 30		30			Personal Property Tax. Yes MNo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
CHE	TENSTEIN DETER R			۱,	Name	
GURTENSTEIN, PETER B. 212 - 33RD AVENUE SOUTH				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
JACKSONVILLE BEACH FL 32250				83		
SACROCITYILLE BEACH 1 & 02200				03		
				84 City FL 85 Zip Code		
1007 1500 Ft. 11 Other the sha						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statu	ites.		-
SIGNATURE		MOTE:	Pagistared	Acont	signature required	when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	- year	agriatore radores	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TIT	1.1 TITLE		☐ Change ☐ Addition
NAME.	GURTENSTEIN, PETER B.		1.2 NAME			
STREET ADDRESS	212 33RD AVE SOUTH			REET	ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250			Y-ST-	- ZiP	<u> </u>
TITLE	VS	☐ DELETE	_	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBLUM, MARK		2.2 NA	ME		
STREET ADDRESS	1363 PLANTATION OAKS DR			REET	ADDRESS	
CITY-ST-ZIP"	JACKSONVILLE BCH FL		2. 4 CT	TY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	3.1 TIT	ιε		Change Addition
NAME			3.2 NA	WE		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TIT	Œ		☐ Change ☐ Addition
NAME			4. 2 NA	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	}
CITY-ST-ZIP			4.4 CI		-ZIP	
TITLE		☐ DELETE	5.1 TiT			☐ Change ☐ Addition
NAME	4		5.2 NA			
STREET ADDRESS	[',				ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CD		-ZIP	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA	ME		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

204-270-0505