

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71479 (2)

1. Corporation Name

EMPLOYEE MANAGEMENT SYSTEMS, INC.

Principal Place of Business

486 S.E. 17 TERRACE
DEERFIELD BEACH 33 33441
US

Mailing Address

P.O. BOX 8564
DEERFIELD BEACH FL 33441
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1992

4. FEI Number

65-0365478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 855 S. FEDERAL HWY

Suite, Apt. #, etc.

22 SUITE 212 I

City & State

23 BOCA RATON, FL

24 33432

25 Deerfield Beach

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HENNINGER, CURTIS A
486 S.E. 17 TERRACE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name CURTIS A. HENNINGER

82 Street Address (P.O. Box Number is Not Acceptable)

83 855 S. FEDERAL HWY, SUITE 212 I

84 City BOCA RATON

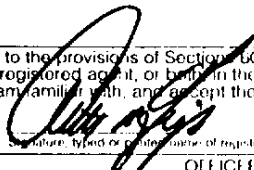
FL

85 Zip Code

33432

11. Pursuant to the provisions of Section 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



2-1-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNINGER, CURTIS A	
STREET ADDRESS	486 S.E. 17 TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENNINGER, CURTIS A	
1.3 STREET ADDRESS	855 S. FEDERAL HWY	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

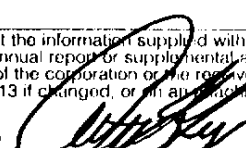
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 registered agent 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 in an attachment with an address.

SIGNATURE:



2-1-98

CR2E034 (10/97)