

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L29114 (0)**

1. Corporation Name

PROFESSIONAL EMPLOYEE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**3639 CORTEZ RD WEST
SUITE 200
BRADENTON FL 34210**

**3639 CORTEZ RD WEST
SUITE 200
BRADENTON FL 34210**

3. Date Incorporated or Qualified **11/09/1989** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number **59-2981439** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Dockery~~
~~MCANALLY, CELESTE D~~
~~6416 28TH AVE E~~
~~BRADENTON FL 34208~~

Name change & moved
due to
Divorce
12-19-94

81 Name **Celeste D Dockery**
82 Street Address (P.O. Box Number is Not Acceptable) **314 Rinyling Pt Dr**
83
84 City **Sarasota** FL 85 Zip Code **34234**

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 am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE

NAME **DOCKERY, CELESTE D.**
STREET ADDRESS **3639 CORTEZ RD W, #200**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VP** DELETE

NAME **ARCADI, DARIA**
STREET ADDRESS **3639 CORTEZ RD., WEST, #200**
CITY-ST-ZIP **BRADENTON FL**

TITLE **S** DELETE

NAME **JURNEY, CAROLE J.**
STREET ADDRESS **3639 CORTEZ RD., WEST, #200**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VP** DELETE

NAME **FEDDER, DARRIN**
STREET ADDRESS **3639 CORTEZ ROAD W**
CITY-ST-ZIP **BRADENTON FL**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

800001840368
-05/28/96--01024--021
*****225.00**

5-28-96
QEP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementa' 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.

SIGNATURE:

Celeste Dockery P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 941-756-4444
Date Daytime Phone #

CR2E034 (12/95)