

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L29114** (0)
1. Corporation Name
PROFESSIONAL EMPLOYEE MANAGEMENT, INC.



Principal Place of Business 3639 CORTEZ RD WEST SUITE 200 BRADENTON FL 34210	Mailing Address 3639 CORTEZ RD WEST SUITE 200 BRADENTON FL 34210-3158
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3. Date Incorporated or Qualified 11/09/1989	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 Professional Employee Management	2a. Mailing Address 26 Professional Employee Management	4. FEI Number 59-2981439	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 1819 Main Street	Suite, Apt. #, etc. 1819 Main Street	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 8th Floor	City & State 8th Floor	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State Sarasota, FL 34236	City & State Sarasota, FL 34236	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent DOCKERY, CELESTE D 314 RINGLING POINT DRIVE SARASOTA FL 34234		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOCKERY, CELESTE D.		1.2 NAME	
STREET ADDRESS 3639 CORTEZ RD W, #200		1.3 STREET ADDRESS 1819 Main St.	
CITY - ST - ZIP BRADENTON FL 34210		1.4 CITY - ST - ZIP Sarasota FL 34236	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEDDER, DARRIN		2.2 NAME	
STREET ADDRESS 3639 CORTEZ RD., WEST, #200		2.3 STREET ADDRESS 1819 Main Street	
CITY - ST - ZIP BRADENTON FL 34210		2.4 CITY - ST - ZIP Sarasota FL 34236	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Young, Roy	
STREET ADDRESS		3.3 STREET ADDRESS Same	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Newhizusee, Jon	
STREET ADDRESS		4.3 STREET ADDRESS Same	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Tollerton, Jim	
STREET ADDRESS		5.3 STREET ADDRESS Same	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: [Signature] **4/28/97** **9419571444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)