

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:54

DOCUMENT # P93000073765 (8)

1. Corporation Name

PERSONNEL CONCEPTS LIMITED, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1886 40TH TERR SW
NAPLES FL 33999

1886 40TH TERR SW
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

3a. Date of Last Report

06/10/1994

2. Principal Place of Business

2b. Mailing Address

21 SAME

26 SAME

4. FFI Number

65-0444510

Applied For

Not Applicable

22 Suite Apt # etc

27 Suite Apt # etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

RODE, MICHAEL T
1886 40TH TERR SW
NAPLES FL 33999

B1 Name

B2 Street Address (P O Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature of Agent (Required for Registered Agent in the Jurisdiction)

Signature of Agent (Required for Registered Agent in this Jurisdiction)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D
NAME: RODE, MICHAEL T
STREET ADDRESS: 1886 40TH TERR SW
CITY, ST, ZIP: NAPLES FL 33999

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:

2. TITLE: D
NAME: LELAND, LINDA
STREET ADDRESS: 1886 40TH TERR SW
CITY, ST, ZIP: NAPLES FL 33999

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:

3. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:

4. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:

5. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:

6. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(3)(b), Florida Statutes. I further certify that the information included 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 of the corporation. I declare that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1 if changed, on an annual report with an address.

SIGNATURE:

Linda Leland
SIGNATURE (AND TYPED OR PRINTED NAME) OF CURRENT OFFICER OR DIRECTOR

1-10-95

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