

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000073765 (8)**

1. Corporation Name  
**PERSONNEL CONCEPTS LIMITED, INC.**



Principal Place of Business

1886 40TH TERR S.W.  
NAPLES FL 33999

Mailing Address

1886 40TH TERR S.W.  
NAPLES FL 33999

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

3. Date Incorporated or Qualified	3a. Date of Last Report
10/25/1993	04/07/1995
4. FEI Number	Applied For
65-0444510	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

11. Pursuant to the provisions of Sections 607.05(2) 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, Sections 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: RODE, MICHAEL T STREET ADDRESS: 1886 40TH TERR SW CITY-STATE-ZIP: NAPLES FL 33999 <input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LELAND, LINDA STREET ADDRESS: 1886 40TH TERR SW CITY-STATE-ZIP: NAPLES FL 33999 <input type="checkbox"/> DELETE	6. NAME: 7. STREET ADDRESS: 8. CITY-STATE-ZIP: 9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	10. NAME: 11. STREET ADDRESS: 12. CITY-STATE-ZIP: 13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	14. NAME: 15. STREET ADDRESS: 16. CITY-STATE-ZIP: 17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	18. NAME: 19. STREET ADDRESS: 20. CITY-STATE-ZIP: 21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplemental annual report is true and accurate and that it is, upon filing, shall have the same legal effect as if made under oath. That I am an officer or director of the corporation and that my name and address as registered appears in Block 12 or Block 13 if changed or on an amendment to an annual report.

SIGNATURE: *Linda Leland Neason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 941-252-1500  
DATE: 1-17-96

CR2E034 (12/95)