

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 18 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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
 5455 Jaeger Rd. Naples, FL 33942
 P.O. Box 7189 Naples, FL 34101-7189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5455 Jaeger Rd. Naples, FL 33942
 2a. Mailing Address: P.O. Box 7189 Naples, FL
 22. City & State: Naples, FL
 27. City & State: Naples, FL
 23. Zip: 33942 Country: [blank]
 28. Zip: 34101-7189 Country: [blank]

3. Date Incorporated or Qualified: 10/25/1993
 3a. Date of Last Report: 04/12/1996
 4. FEI Number: 65-0444510
 5. Certificate of Status Desired: [blank] \$8.75 Additional Fee Required
 6. Election Campaign Financing: [blank] \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [x] Yes [] No

9. Name and Address of Current Registered Agent
 RODE, MICHAEL T
 1886 40TH TERR SW
 NAPLES FL 33999

10. Name and Address of New Registered Agent
 81 Name: Soldavini Accounting P.A.
 82 Street Address (P.O. Box Number is Not Acceptable): 5455 Jaeger Road
 83 City: Naples
 84 City: Naples
 85 Zip Code: FL 34109

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: [Signature] DATE: 8-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[x] Change [] Addition
NAME	RODE, MICHAEL T	1.2 NAME	Rode, Michael T
STREET ADDRESS	1886 40TH TERR SW	1.3 STREET ADDRESS	700 SEA PINES CWT
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	LAS VEGAS, NV 89110
TITLE	D	2.1 TITLE	[x] Change [] Addition
NAME	LELAND, LINDA	2.2 NAME	Leland, Linda A
STREET ADDRESS	1886 40TH TERR SW	2.3 STREET ADDRESS	5812 Prairie Falcon Dr.
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	LaVerne CA 91750
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME	[] DELETE	3.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	3.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	3.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME	[] DELETE	4.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	4.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME	[] DELETE	5.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	5.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	5.4 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME	[] DELETE	6.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	6.3 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	6.4 CITY-ST-ZIP	[] Change [] Addition

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] DATE: 8-5-97

CR2E034 (4/97)