

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000073765 (8)**  
 1. Corporation Name  
**PERSONNEL CONCEPTS LIMITED, INC.**



Principal Place of Business <b>5455 JAEGER RD NAPLES FL 33942 US</b>	Mailing Address <b>PO BOX 7189 NAPLES FL 34101-7189 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1993</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	<b>2865 metropolitan Pl</b>	<b>4.</b>	FEI Number <b>65-0444510</b>
<b>22</b>	City & State	<b>27</b>	City & State <b>Pomona CA</b>	<b>5.</b>	Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23</b>	Zip	<b>28</b>	Country	<b>6.</b>	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Country	<b>29</b>	Zip <b>91767-1853</b>	<b>30</b>	Country
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	

**9. Name and Address of Current Registered Agent**  
**SOLDENVINI ACCOUNTING P.A.**  
**5455 JAEGER RD**  
**NAPLES FL 34109**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RODE, MICHAEL T</b>	
STREET ADDRESS	<b>700 SET PINES CT</b>	
CITY-ST-ZIP	<b>LAS VEGAS NV</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LELAND, LINDA</b>	
STREET ADDRESS	<b>5812 PRAIRIE FALCON DR</b>	
CITY-ST-ZIP	<b>LAVERNE CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b>	NAME	
<b>1.3</b>	STREET ADDRESS	
<b>1.4</b>	CITY-ST-ZIP	
<b>2.1</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b>	NAME	
<b>2.3</b>	STREET ADDRESS	
<b>2.4</b>	CITY-ST-ZIP	
<b>3.1</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b>	NAME	
<b>3.3</b>	STREET ADDRESS	
<b>3.4</b>	CITY-ST-ZIP	
<b>4.1</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b>	NAME	
<b>4.3</b>	STREET ADDRESS	
<b>4.4</b>	CITY-ST-ZIP	
<b>5.1</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b>	NAME	
<b>5.3</b>	STREET ADDRESS	
<b>5.4</b>	CITY-ST-ZIP	
<b>6.1</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b>	NAME	
<b>6.3</b>	STREET ADDRESS	
<b>6.4</b>	CITY-ST-ZIP	

**14.** I 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 \_\_\_\_\_ **4-20-98 909 322-5653**

CR2E034 (10/97)