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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P93000084253 (2)
1. Corporation Name

FLORIDA PROFESSIONAL EMPLOYERS, INC.

Maling Address

FILED Jan 29, 1996 08:00 AM Secretary of State



3040 GULF TO BAY BLVD SUITE 110 CLEARWATER FL 34619		SUITE 110	3040 GULF TO BAY BLVD SUITE 110 CLEARWATER FL 34619		Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 03/13/1995
2. Principal Place of Business 2a. Making Address					4. FEI Number 59-3217850	Applied For Not Applicable
21 26 Suite, Apt. #, etc Suite, Apt. # etc 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & Stati	e	City & State		, , , ,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ 24	Country 25	Zip [29]	Country 30		This corporation has liability for in Florida Statutes	□No
	9. Name and Address of C	urrent Registered Agent	81	Name	10. Name and Address of New Ro	egistered Agent
REVEO						
BEYER, DAVID A %RUDNICK & WOLFE 101 E KENNEDY BLVD, SUITE 2000 TAMPA FL 33602-5133			82			9)
., .,	. 1 2 33352 3 133		84	City		FL 85 Zip Code
SIGNATURS	Sg at a Special restriction of experience	, Section 607,0505, Florida Statute Lagratica thickopy and the first SAND DIRECTORS	v. d.E. Bogodesed Aper !	Signafure ferjolie	d where he stang	GATE CERS AND DIRECTORS IN 12
12. 1:1[8	D	[] DELETE	1 1 TITUE	Т	ADDITIONS OF A TOP OF A	Change Addition
NAME:	CRUM, FRANK JR		1.2 NAME			
STREET ADDRESS	3040 GULF TO BAY BLY		13STREET			
Crin St-74° Title	CLEARWATER FL 34619	DELETE	14 Cills - ST 2 1 lift E	-Zir		Change Addition
NAME	COURT EDANIS OF		2.2 NAME			
STREE ATOMESS 3040 GULF TO BAY BLVD, SUITE 110			23 STREET	ADDRESS		
011 - ST 315	CLEARWATER FL 34619	DELETE	24 CHY S1 3.1 T/H	. Zie.		Change Addition
TITLE NAME			3.2 NAME			
S7ESET ACORGSS			33 STREET	ADDRESS		
Ciffy St-2a			3.4.0.11 - S ⁷	-74*		
Mich		☐ DE; ETE	4 1 TOLE 4 2 NAME			Change Addition
NAME STREET ADDRESS			4.2 Net/01	AC/ORESS		
C 15 - \$1 - 20°			4.4 (JTY - SI			
1116		☐ DETEIF	5 1 TITLE	Change Addit		
NAME			5.2 NAME	Inches and		
STHEFT ADDRESS			53 STREET 54 CHY - S1	1		
COTY SE ZEE TOLE		DELETE	5 4 URY - S'	- 11h.		Change Addition
MANI:			6.2 NAME			· ·
SPEELL ACCIDEDS			6.3 STREET	ADDRESS		
City St-2if			64 CITY - S	- ZiP		

14. I do hereby certify that the information supplied with this firing 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 armudi report or supplemental armudi 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. The control 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 or signature shall an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 813-799-1229