

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

FILED
May 08 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 # P95000093311 (5)
1. Corporation Name
FINDERS PERSONNEL SERVICES, INC.



Principal Place of Business: 2795 E TAMiami TRAIL, NAPLES FL 33942
Mailing Address: 2795 E TAMiami TRAIL, NAPLES FL 34112-5708

3. Date Incorporated or Qualified: 01/01/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0622908
Applied For: [Blank] / Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

2. Principal Place of Business: 21 2892 E. TAMiami TRAIL, Suite, Apt. #, etc. [Blank]
22. City & State: 23 NAPLES FL
24. Zip: 24 34112
25. Country: 25 USA
2a. Mailing Address: 26 853 VANDERBILT BEACH RD., Suite, Apt. #, etc. [Blank]
27. City & State: 27 231
28. City & State: 28 NAPLES FL
29. Zip: 29 34108
30. Country: 30 USA

9. Name and Address of Current Registered Agent
MCCARTHY, VIRGINIA T
2795 E TAMiami TRAIL
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): 82 853 VANDERBILT BEACH RD
83 [Blank]
84 City: [Blank]
85 Zip Code: 85 FL 34108

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, VIRGINIA T	
STREET ADDRESS	1800 L'AMBIANCE CIR #102	
CITY-ST-ZIP	NAPLES FL 33963	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: Virginia T. McCarthy (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/97 (941) 793-3300

CR2E034 (9/96)