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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

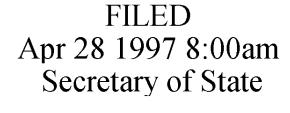
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03388

(0)

AMTEMPS CORPORATION





SETI Corporation Principal Place of Business Mailing Address														
JACKSONVILLE FL 32202 US			JACKSONVILLE FL 32202-4359 US					-	3. Date Incorporated or Qualified					_
2. Principal F	Place of Business		2a. Mailır	ng Address					4. FEI Number		1 00/		applied For	-
21			26						59-2958981				lot Applicable	,
Sulte, Apt.		Suite, Apt. #, etc.						5. Certificate of Status	s Desired		\$8.75	Additional Required		
City & Stat	e		City 8	& State		-			6. Election Campaign	Financing		\$5.00	May Be	
23 Zip	- 1 00		28						Trust Fund Contrib	ution		Added	to Fees	_[
24	25	untry	7ip		-	untry		1	8. This corporation ha				s. 199.032,	1
27]		dress of Current		Agent	30	7			Florida Statutes 10. Name and Addres		Yos			
DRA	UGHON, RICHARD					81	Name		TO, Traine and Address	o or non ne	gistered	Agoilt		1
	W. FORSYTH STR						<u> </u>							┙
	1730					82	Street	Address	s (P.O. Box Number is	Not Acceptab	le)			
	KSONVILLE FL 32	202				83		•						┨
						84	City					85 Zip	Code	\parallel
11 Pursuant	to the provisions of 9	Sections 607 0502	opd 607 110	9 Elorido Statu	too the				ation submits this stater		FL	<u>• </u>		
Office of f	registered agent, or the manufacture of the manufac	oom, in the State o	-Horida, Suc	ch change was	authorize	ad by	the con	poration	's board of directors. I	hereby accep	urpose o t the app	e changing pointment as	its registered s registered	
SIGNATURE	Signature, typed or printed	Date of registered possis	or of talls of markets	this ANCY	T. Describer				vhen reinstating)					
12.	organism of third or humber	OFFICERS AND			13.		ne signature	r regurea v	ADDITIONS/CHANG	ES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12	- 6
TITLE	DPS			DELETE		THE		DP				Change		
NAME	DRAUGHON, RIC				1.21	NAME			chard Scott	h Draw	ahon			
STREET ADDRESS	200 W. FORSYTI		1730		1.3 \$	STREET.	ADDRESS		West For				1730	8
CITY-ST-ZIP	JACKSONVILLE	FL			140	HY-SI	T-71P	Jack	sonville, FI	32202	. ,	Durce	1730	18
TITLE	V	A		₹ 0€LETE	211	ITLE			•			Change	Addition	٦
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NAME						ΙΑΜέ								
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NAME					4.1 1							Change	Addition	
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CITY-ST-ZIP							ADDRESS					' '		1
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NAME					5.2 N							L Onlings		
STREET ADDRESS							ADDRESS				•	1		
CITY-ST-ZIP						:17Y-ST								
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NAME		/ /	\bigcap		6.2 N								hand 7 touristin	
STREET ADDRESS	(L	\wedge			1		ADDRESS							
CITY-ST-ZIP		$\langle I \rangle \langle I \rangle$				11Y-S1	I							
	by certify that the fulc	vation supplied	with this filing	does not quali				tated in	Section 119.07(3)(i), FI	orida Statutes	. I furthe	r certify that	the	1

annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name