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May 07 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 # **376096** **(4)**

1. Corporation Name
PERSONNEL ONE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 144540 CORAL GABLES FL 33114-4540	P. O. BOX 144540 CORAL GABLES FL 33114-4540

3. Date Incorporated or Qualified: 01/25/1971
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1311691 ☐ Applied For ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE #2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P. O. Box Number is Not Acceptable)
83
84 City **FL** 85 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when no address)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUJILLO, DELORES		1.2 NAME		
STREET ADDRESS	1281 CAMPO SANO		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	EVPO	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THORSENM, JOHN		2.2 NAME		
STREET ADDRESS	2709 CYPRESS MANOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	CCED	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL L. ENGALND		3.2 NAME		
STREET ADDRESS	1225 ST REGIS		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE TX		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANDICE M BEDUHA		4.2 NAME		
STREET ADDRESS	3714 COUNTRY CLUB		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		4.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEPHEN J. RUSSO		5.2 NAME		
STREET ADDRESS	705 BROOKDALE CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHLAKE TX		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] 4-28-97 (972)432-3000