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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 376096

1. Corporation Name

PERSONNEL ONE, INC.

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

Mailing Address
222 W LAS COLINAS BLVD
STE 1250
IRVING TX 75039
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1971	
21		26		4. FEI Number 59-1311691	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VAS	1.1 TITLE	V/S
NAME	STEPHEN J. RUSSO	1.2 NAME	Mary-Knight Tyler
STREET ADDRESS	705 BROOKDALE CT	1.3 STREET ADDRESS	222 W. Las Colinas Blvd #1250
CITY-ST-ZIP	SOUTHLAKE TX	1.4 CITY-ST-ZIP	Irving, TX 75039
TITLE	CEO	2.1 TITLE	T/VAS
NAME	MANCIVILANO, MICHAEL	2.2 NAME	Stanton Petty John
STREET ADDRESS	222 W LAS COLINAS BLVD STE 1250	2.3 STREET ADDRESS	222 W. Las Colinas Blvd. #1250
CITY-ST-ZIP	IRVING TX 75039	2.4 CITY-ST-ZIP	Irving, TX 75039
TITLE		3.1 TITLE	AS
NAME		3.2 NAME	Brenda Brainerd
STREET ADDRESS		3.3 STREET ADDRESS	222 W. Las Colinas Blvd #1250
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Irving, TX 75039
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: *Michael J Mancivilano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)