

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **509479** (2)
1. Corporation Name
INTERIM PERSONNEL INC.



Principal Place of Business 2050 SPECTRUM BLVD FT. LAUDERDALE FL 33309	Mailing Address 2050 SPECTRUM BLVD FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/16/1976	
				4. FEI Number 59-1698006	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, JOHN B. 2050 SPECTRUM BLVD FT. LAUDERDALE FL 33309				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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SORENSEN, ALLAN C.			1.2 NAME	Gary Peck		
STREET ADDRESS	2050 SPECTRUM BLVD.			1.3 STREET ADDRESS	2050 Spectrum Blvd.		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33309		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCY, RAYMOND			2.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JOHN B.			3.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAGGARD, PAUL			4.2 NAME	Shannon C. Allen		
STREET ADDRESS	2050 SPECTRUM BLVD			4.3 STREET ADDRESS	2050 Spectrum Blvd.		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP	FL Lauderdale, FL 33309		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVONIUS, ROBERT E			5.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE	VCO	<input type="checkbox"/> DELETE		6.1 TITLE	V/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAUSE, ROY G			6.2 NAME			
STREET ADDRESS	2050 SPECTRUM BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			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.

SIGNATURE:

CR2E034 (10/97)