FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 548659 (2)

1. Corporation Name
EMPLOYEE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1651 S RIO GRANDE AVE ORLANDO FL 32805-4442	~~1651 S RIO GRANDE AVE~~ ORLANDO FL 32805-4442 1907 E. Illinois st Orlando, Fl 32803

3. Date Incorporated or Qualified: 10/06/1977	3a. Date of Last Report: 02/22/1995
4. FEI Number: 59-1778113	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 1907 E Illinois St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Orlando FL
24 Zip / 25 Country	29 Zip: 32803 / 30 Country: Orangy

9. Name and Address of Current Registered Agent

HUNT, ROBERT
1651 S RIO GRANDE AVE
ORLANDO, FL
32805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3170 Ocean Shore Blvd #304
83
84 City: Ormond Beach FL 85 Zip Code: 32176

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 [illegible] NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HUNT, ROBERT		1.2 NAME	
STREET ADDRESS	7918 MARBELLA CT. S.		1.3 STREET ADDRESS	3170 Ocean shore Blvd #304
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Ormond Beach, Fl 32176
TITLE	STD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MCDONALD, WANDA		2.2 NAME	
STREET ADDRESS	1907 E ILLINOIS AVE		2.3 STREET ADDRESS	1907 E. Illinois St
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLAYTON, VICTIE L.		3.2 NAME	
STREET ADDRESS	103 LEONA RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wanda McDonald Wanda McDonald 1-31-96 407-894-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)