

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

FILED

Mar 31 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 # **588241** (0)

1. Corporation Name
ALPHA PERSONNEL, INC.

Principal Place of Business 10707 66TH STREET NORTH SUITE B PINELLAS PARK FL 34686 US	Mailing Address 10707 66TH STREET NORTH SUITE B PINELLAS PARK FL 33782-2336 US
---	--

3. Date Incorporated or Qualified 10/02/1978	3a. Date of Last Report 04/08/1996
4. FEI Number 59-1861806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. 33782	29. 33782
Country	Country
25.	30.

9. Name and Address of Current Registered Agent VINSON VIRGINIA D 10707 66 ST N, STE B PINELLAS PARK FL 34686	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	FL 33782

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINSON, VIRGINIA D.	1.2 NAME	
STREET ADDRESS	10707 66 ST N, STE B	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	33782
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKWAY, MICHAEL S	2.2 NAME	
STREET ADDRESS	10707 66 ST N, STE B	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	33782
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, BRUCE A	3.2 NAME	
STREET ADDRESS	10707 66 ST N, STE B	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	33782
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKWAY, JEROME P	4.2 NAME	
STREET ADDRESS	254 SC RD 427 SUITE 228	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	33782
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Virginia D. Vinson* Executive Director 813-544-5627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)