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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 598769 (8) PROFESSIONAL EMPLOYEE SERVICES AGENCY, INC.					
Principal Place of Business 150 NW 168TH STREET SUITE 300 N. MIAMI BEACH FL 33169		Mailing Address 150 NW 168TH STREET SUTE 300 N. MIAM) BEACH FL 33169-6086			
		,		3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 06/17/1996
F1	lace of Business	28. Mailing Address		4. FEI Number 59-1870489	Applied For
21 Sunc. Apt.	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution This corporation has liability for	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent
LIPSON, ARTHUR 150 NW 168TH STREET N. MIAMI BEACH FL 33169			81 Name 82 Street Addi 83	ress (P.O. Box Number is Not Acceptat	ole)
			84 City		FL 85 Zip Code
office or r agent I a SIGNATURE	to the provisions of Sections 607 0502 registered agent, or both, in the State of in familiar with, and accept the obligation of the state of the s	Florida. Such change was ons of, Section 607 0505, F	tes, the above-hamed corporal authorized by the corporal lorida Statutes	tion's board of directors. I hereby acce	of the appointment as registered
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFIC	
TITLE	CLAPP, DANIEL E SR.	☐ DELETE	1,1 TITLE		Change Addition }
NAME STREET ADORESS	760 NW 107TH AVENUE, 115		1.2 NAME 1.3 STREET ADDRESS		
City -SI - 7/2	MIAMI FL 33172		1.4 CITY - ST - ZIP	***************************************	
Tillef	VP TEBLUM, RONALD	☐ DELETE	21 TITLE		Change Addition
NAME CHARLE MODELLE	1700 UNIVERSITY DRIVE, 205		2.2 NAME		
STREET ADDRESS CITY STI-ZIP	CORAL SPRINGS FL 33071		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3011 3011	3	DELETE	31 TITLE	. In taken the second of the s	Change Addition
NAME	LIPSON, ERIC		3.2 NAME		_
STREET AUDRESS	1700 UNIVERSITY DRIVE, #205		3.3 STREET ADDRESS		
OTY \$1-75	CORAL SPRINGS FL 33071		3.4. CITY - ST - ZIP		
1.1Lf		☐ DELETE	4.1 TITLE		Change L Addition
HAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY+S1+749		DELETE	4.4 CITY-ST-ZIP		Change Addition
THUE NAME	}		5.1 TITLE 5.2 NAME		Ci Avenille Ci Madudon
STREET ASSESS			5.2 NAME 5.3 STREET ADDRESS		
CHY-ST ZIF			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		— -	62 NAME		_ •
STREET ADDRESS			63 STREET ADDRESS		
CISV. C1. 70			6.4 CITY - ST - 7IP		

14. I do hereby certly 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 until cated 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.

FILED

Mar 06 1997 8:00am

Secretary of State

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