

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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90074 046 ***150.00

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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 # **F94000002815**

1. Corporation Name
C.O. PERSONNEL, INC.

Principal Place of Business IMG CENTER SUITE 100, 1360 E 9TH ST CLEVELAND OH 44114-782 US	Mailing Address IMG CENTER SUITE 100, 1360 E 9TH ST CLEVELAND OH 44114-782 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/27/1994	4. FEI Number 34-0151745	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	Trust Fund Contribution
City & State 23	City & State 28	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMACK, MARK H	1.2 NAME	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 90TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFAVE, ARTHUR J JR	2.2 NAME	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	2.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, WILLIAM H	3.2 NAME	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST	3.3 STREET ADDRESS	PETER A. CARFAGNA
CITY-ST-ZIP	CLEVELAND OH 44114-1782	3.4 CITY-ST-ZIP	IMG CENTER, SUITE 100, 1360 E. 9TH ST.
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUGAY, JACK	4.2 NAME	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44114-1782	4.4 CITY-ST-ZIP	
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 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:

Jack Zugay, Treasurer 3-25-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)