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 # F95000002611 (0)

THE PERSONNEL CONNECTION, INC.

Mailing Address

800 W. CYPRESS CREEK ROAD, #290

Principal Piace of Business

800 W. CYPRESS CREEK ROAD, #290.

FILED Apr 14 1997 8:00am Secretary of State



	RDALE FL 33309	FORT LAUDERDALE	L 33309-2056		
				3. Date incorporated or Qualified 05/30/1995	3a. Date of Last Report 03/06/1996
Principal Place of Business 1		2a. Mailing Address 26		4. FEI Number APPLIED FOR 75-17	Applied For Not Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes No
<u></u>	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	gistered Agent
	rcell, Joseph F		81 Name		
) W. Cypress Creek Road, Rt Lauderdale Fl 33309	#290	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
İ			83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent 1 a SIGNATURE				rporation submits this statement for the p ation's board of directors. I hereby accep	
	Signature typed or printed name of registered		(NOTE: Registered Agent signature requ		DATE
12.	PDST OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TILE	PURCELL, JOSEPH F	<u> </u>			□ Oldrige □ noonion
NAME CENTER ASSESSED	9107 WILSHIRE BLVD, #250	n	1.2 NAME		
STREET ADDRESS	BEVERLY HILLS CA 90210	•	1.3 STREET ADDRESS		
CHTY-ST-7PP	ULIMINI INDES CITATION	DELETE	14 CITY - SF - ZIP 21 TITLE		Change Addition
NAME			22 NAME		-
STREET ADDRESS			2 3 STREET ADDRESS		
CHTY - ST - ZIP			2 4 CITY-ST-ZIP		
101.6		☐ DELETE	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Change Addition
NAME			3.2 NAME		
STRELT ADDRESS			3 3 STREET ADDRESS		
CITY-ST-7IP			3 4. CITY-ST-ZIP		
Title		☐ DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - ST - ZIP		Dr. Pte	4 4 City-St-Zip		
DILE		☐ DELETE			Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-S1-7IP		☐ DELETE	5.4 City-St-ZiP		Change Addition
TITLE		☐ Devete	1		Ti OlidiiAc Ti vooimon
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP	<u> </u>		64 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 supplies that once it is true and accurate and that my signature shall have the same legal effect as if made under oath, that ham an efficient or director of the corporation or the receiver or mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name