

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004802 (3)

1. Corporation Name
LOGISTICS PERSONNEL CORP.



Principal Place of Business 2829 E CAMELBACK RD #220 PHOENIX AZ 85016	Mailing Address 2829 E CAMELBACK RD #220 PHOENIX AZ 85016-4426
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2. Principal Place of Business 21 6225 N. 24th St. Suite, Apt. #, etc. 22 City & State 23 Phoenix, AZ Zip 24 85016 25 Country		2a. Mailing Address 26 6225 N. 24th St. Suite, Apt. #, etc. 27 City & State 28 Phoenix, AZ Zip 29 85016 30 Country		3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report 06/25/1996
4. FEI Number 86-0802394		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	
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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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	D, CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRODY, MARVIN D		1.2 NAME				
STREET ADDRESS	2829 E CAMELBACK RD #220		1.3 STREET ADDRESS	6225 N. 24th St.			
CITY-ST-ZIP	PHOENIX AZ 85016		1.4 CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	BELFER, HARVEY A		2.2 NAME	6225 N. 24th St.			
STREET ADDRESS	2829 E CAMELBACK RD #220		2.3 STREET ADDRESS				
CITY-ST-ZIP	PHOENIX AZ 85016		2.4 CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE				
NAME	FLEGENHEIMER, ROY		3.2 NAME	6225 N. 24th St.			
STREET ADDRESS	2829 E CAMELBACK RD #220		3.3 STREET ADDRESS				
CITY-ST-ZIP	PHOENIX AZ 85016		3.4 CITY-ST-ZIP	T, CFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	CFO	<input type="checkbox"/> DELETE	4.1 TITLE				
NAME	MORRIS, AARON C		4.2 NAME	6225 N. 24th St			
STREET ADDRESS	2829 E CAMELBACK RD #220		4.3 STREET ADDRESS				
CITY-ST-ZIP	PHOENIX AR		4.4 CITY-ST-ZIP	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Billy Hollics			
NAME			5.2 NAME	6225 N. 24th St.			
STREET ADDRESS			5.3 STREET ADDRESS	Phoenix, AZ 85016			
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: *[Signature]* 4/24/97 (102) 381-5169

CR2E034 (9/96)