

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005450 (0)**

1. Corporation Name

MFS DOMESTIC PERSONNEL, INC.



Principal Place of Business

**3555 FARNAM ST., STE. 200
OMAHA NE 68131**

Mailing Address

**3555 FARNAM ST., STE. 200
OMAHA NE 68131**

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

47-0793263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **DP
BRADBURY, R. DOUGLAS**
STREET ADDRESS **3555 FARNAM ST., STE. 200**
CITY - ST - ZIP **OMAHA NE 68131**

TITLE ☐ DELETE

NAME **DVS
FERGUSON, TERRENCE J**
STREET ADDRESS **3555 FARNAM ST., STE. 200**
CITY - ST - ZIP **OMAHA NE 68131**

TITLE ☐ DELETE

NAME **D
HOLLAND, ROYCE J**
STREET ADDRESS **3555 FARNAM ST., STE. 200**
CITY - ST - ZIP **OMAHA NE 68131**

TITLE ☐ DELETE

NAME **V
CUSTAR, GLENN**
STREET ADDRESS **3555 FARNAM ST., STE. 200**
CITY - ST - ZIP **OMAHA NE 68131**

TITLE ☐ DELETE

NAME **V
LUDVIK, ROBERT J**
STREET ADDRESS **3555 FARNAM ST., STE. 200**
CITY - ST - ZIP **OMAHA NE 68131**

TITLE ☐ DELETE

NAME **V
KEITH, DEBRA**
STREET ADDRESS **3555 FARNAM ST., STE. 200**
CITY - ST - ZIP **OMAHA NE 68131**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Debra Keith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

(402) 977-5300

Daytime Phone #

CR2E034 (12/95)