

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 049 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006479 ✓
1. Corporation Name
Personnel Resource Management, Inc.
PRM, Inc.

Principal Place of Business
4085 PK Cir
Suite 206
Birmingham, AL 35223
New Mailing Address
3049 N.E. 7th Drive
Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3049 N.E. 7th Drive
Suite, Apt. #, etc.
22 Boca Raton
City & State
23 Florida
Zip
24 33431 Country
25 PBC
2a. Mailing Address
26 3049 N.E. 7th Drive
Suite, Apt. #, etc.
27 Boca Raton
City & State
28 Florida
Zip
29 33431 Country
30 PBC

3. Date Incorporated or Qualified
11-30-98
4. FEI Number
63-1189464
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. Trust Fund Contribution ☐
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation Sys -
1200 S. Pine Is
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name Laura Porter
82 Street Address (P.O. Box Number is Not Acceptable)
3049 N.E. 7th Drive
83
84 City Boca Raton FL 85 Zip Code 33431

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 Laura Porter President May 7, 1999
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD/	Laura Porter	4085 PK Cir Suite 206	Birmingham, AL 35223	<input type="checkbox"/>
STD/	Katherine Phillips			<input type="checkbox"/>
VD/	Ann Sandberg			<input checked="" type="checkbox"/>
VD/	Bonnie Revels			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Laura Porter	3049 N.E. 7th Drive	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
V	Laura Porter	(SAME)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
T	Laura Porter	(SAME)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
S	Laura Porter	(SAME)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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: Laura Porter May 7, 1999 561-391-0043
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)