PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

05-10-1999 90226 049 ***158.75

DOCUMENT # $+98000006479$	/UK
DOCUMENT # F9800006479 Personnel Resource Manager	ment. Inc.
Personnel Kesource Manager	1,16.773
PKM1, Inc.	
Principal Place of Business Address	
4 ossice PKCir 3049 N.E. Th	Drive
Sincaple 1 Dis Dita	DO NOT WRITE IN THIS SPACE
Birmingham, A 130ca Halon, H	3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
27 3049 NETOCWE 26 3049 NE	7" Drue 63-1189464 Not Applicable
Suite, Apt. #, etc.	5. Certifcate of Status Desired \$8.75 Additional Fee Required
Oly & State City & State	6 Flection Compaign Financing \$5.00 May Re
23 Florida 28 Florida	Trust Fund Contribution Added to Fees
Zip Country Zip	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	81 Name
CT Corporation Sys.	82 Street Address (P.O. Box Number is NonAcceptable)
1200 S. Pine Is	3049 N.E. 74 Drwe
Plantation, FL 33324	63
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s, the above-named corporation submits this statement for the purpose of changing its registered thorized by the sorporation's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was all agent. I am familiar with and accept the obligation of Section 607.0505, Florida.	a Statutes.
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SIGNATURE SIgnature typed or printed name of regritished agent and trille if applicable. (NOTE: F	Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 1999 561 391-01

:R2E034 (11/98)