

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 # G30209

(2)

1. Corporation Name

FLORAPERSONNEL, INC.



Principal Place of Business

Mailing Address

2180 W. ST. RD. 434  
SUITE 6152  
LONGWOOD FL 32779  
US

C/O LEBOEUF, LAMB, GREEN & MACRAE  
50 NORTH LAURA STREET, SUITE 2800  
JACKSONVILLE FL 32202  
US

3. Date Incorporated or Qualified

03/23/1983

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1740 Lake Markham Road

26 Suite, Apt. #, etc.

4. FEI Number

59-2278979

Applied For

Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

23 Sanford, FL

27 Suite, Apt. #, etc.

Fee Required

City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be

23 32771

28 City & State

Trust Fund Contribution

Added to Fees

Zip

Country

29 Zip

Country

24 25 USA

29 Zip

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAHRA, ROBERT F.  
2180 WEST 434  
SUITE 6152  
LONGWOOD FL 32779

81 Name

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

1740 Lake Markham Road

83

Sanford

84 City

FL

85 Zip Code

32771

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 his or her state of residence.

Signature, typed or printed name of registered agent and his or her state of residence.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZAHRA, ROBERT FOKES	
STREET ADDRESS	733 RIVERBEND BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ZAHRA, ASHLEY MANNING	
STREET ADDRESS	733 RIVERBEND BLVD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-04/09/96--01063--009  
\*\*\*200.00

14. I do hereby certify that the information supplied with this report is completely 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Zahra

3/28/96 407-320-8177

Daytime Phone

CR2E034 (12/95)

4-9-96