

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H38158 (2)  
1. Corporation Name  
EMPLOYEE SOLUTIONS-SOUTHEAST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
200 S. WASHINGTON BLVD.  
SUITE 10-  
SARASOTA FL 34206  
US

Mailing Address  
417 MELODY CIRCLE  
SARASOTA FL 34237

3. Date Incorporated or Qualified  
01/16/1985

2. Principal Place of Business  
21 6225 N. 24th Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 6225 N. 24th Street  
Suite, Apt. #, etc.

4. FEI Number  
59-2474722

Applied For  
Not Applicable

22 City & State  
Phoenix, AZ

27 City & State  
Phoenix, AZ

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

23 Zip 85016 Country US

28 Zip 85016 Country US

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 9. Name and Address of Current Registered Agent

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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 | NAME             | STREET ADDRESS       | CITY-ST-ZIP | DELETE                              |
|-------|------------------|----------------------|-------------|-------------------------------------|
| PD    | MESSINA, VINCENT | 417 MELODY CIRCLE    | SARASOTA FL | <input checked="" type="checkbox"/> |
| TD    | MESSINA, INGRID  | 417 MELODY CIR       | SARASOTA FL | <input checked="" type="checkbox"/> |
| V     | FREED, TAMMY J   | 204 SERENA VILLAS DR | SARASOTA FL | <input checked="" type="checkbox"/> |
|       |                  |                      |             | <input type="checkbox"/>            |
|       |                  |                      |             | <input type="checkbox"/>            |
|       |                  |                      |             | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME         | 1.3 STREET ADDRESS  | 1.4 CITY-ST-ZIP   | Change                   | Addition                            |
|-----------|------------------|---------------------|-------------------|--------------------------|-------------------------------------|
| PD        | Marvin D. Brody  | 6225 N. 24th Street | Phoenix, AZ 85016 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| S         | Paul M. Gales    | 6225 N. 24th Street | Phoenix, AZ 85016 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| T         | Morris C. Aaron  | 6225 N. 24th Street | Phoenix, AZ 85016 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D         | Harvey A. Belfer | 6225 N. 24th Street | Phoenix, AZ 85016 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.

SIGNATURE:

SIGNATURE REQUIRED

7-7-98 602955555

CR2E034 (5/98)