SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (0)J81688 MANATEE PROFESSIONAL PERSONNEL, INC. Mailing Address Principal Place of Business 4506 26 ST W. STE C 4506 26 ST W. STE C **BRADENTON FL 34207 BRADENTON FL 34207** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/26/1995 07/01/1987 Applied For 4. FEI Number Mailing Address 2a. 2. Principal Place of Business Not Applicable 59-2819614 26 \$8.75 Additional 21 Suite, Apt. #, etc Certificate of Status Desired Fee Required Suite, Apt #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199 03? 23 Country Yes 🗌 No Zip Country Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent В1 Name HAYDEN, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 82 6339 MANATEE AVE W **BRADENTON FL 34209** 83 Zip Code Cily 84 FI 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 (NOT) Registered Agent's gnature required when reinstating) SIGNATURE Signature, typed or product name of registered agent and blood apolicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1.1 TiTUE PTS CR2E034 THLE 1.2 NAME HAYDEN, ROSEMARY NAME 1.3 STREET ADDRESS 6339 MANATEE AVE W. STREET ADDRESS 1.4 CITY - ST - ZIF Change Addition **BRADENTON FL** CITY - ST-ZIP DELETE 21 Till F THILE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELE1E 3171716 TITLE NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 4.1 THLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - 21F Change Addition CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CiTY - ST-ZIP Change Addition CITY-ST-ZIP DELETE 611111 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 furnished and 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 617, Florida Statutes, and that my name appears in Block 12 at 1906k 13 if changed, or on the stachment with an address 6 4 CITY - ST - ZIP CITY-ST-ZIP

SIGNATURE:

0172004

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