

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -7 AM 11:00**

**DOCUMENT # L29114 (0)**

1. Corporation Name  
**PROFESSIONAL EMPLOYEE MANAGEMENT, INC.**

Principal Place of Business	Mailing Address
3639 CORTEZ RD WEST SUITE 200 BRADENTON FL 34210	3639 CORTEZ RD WEST SUITE 200 BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/09/1989		05/01/1994	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2981439		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCANALLY, CELESTE D 6416 28TH AVE E BRADENTON FL 34208				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/C	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCANALLY, CELESTE D	1.2 NAME	Fedder, Darrin
STREET ADDRESS	3639 CORTEZ RD W, #200	1.3 STREET ADDRESS	3639 Cortez Road W.
CITY - ST - ZIP	BRADENTON FL 34210	1.4 CITY - ST - ZIP	Bradenton, FL 34210
TITLE	VP	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCADI, DARIA	2.2 NAME	Dockery, Celeste D. <input checked="" type="checkbox"/> Name change
STREET ADDRESS	3639 CORTEZ RD., WEST, #200	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURNEY, CAROLE J.	3.2 NAME	
STREET ADDRESS	3639 CORTEZ RD., WEST, #200	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Carole Jo Journey* **Carole Jo Journey, Secretary** 03-30-95 (813) 756-4444