
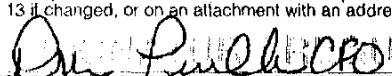


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L29114 (0) 1. Corporation Name PROFESSIONAL EMPLOYEE MANAGEMENT, INC.			
Principal Place of Business 3639 CORTEZ RD WEST SUITE 200 BRADENTON FL 34210		Mailing Address 3639 CORTEZ RD WEST SUITE 200 BRADENTON FL 34210-3158	
2. Principal Place of Business 21 Professional Employee Management Suite, Apt. #, etc 1819 Main Street 8th Floor City & State Sarasota, FL 34236 Zip 24 Country 25		2a. Mailing Address 26 Professional Employee Management Suite, Apt. #, etc 1819 Main Street 8th Floor City & State Sarasota, FL 34236 Zip 29 Country 30	
3. Date Incorporated or Qualified 11/09/1989 3a. Date of Last Report 05/28/1996			
4. FEI Number 59-2981439 Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
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 DOCKERY, CELESTE D 314 RINGLING POINT DRIVE SARASOTA FL 34234		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	DOCKERY, CELESTE D.		
STREET ADDRESS	3639 CORTEZ RD W, #200		
CITY - ST - ZIP	BRADENTON FL 34210		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	FEDDER, DARRIN		
STREET ADDRESS	3639 CORTEZ RD., WEST, #200		
CITY - ST - ZIP	BRADENTON FL 34210		
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	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	1819 Main St.		
1.4 CITY - ST - ZIP	Sarasota FL 34236		
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS	1819 Main Street		
2.4 CITY - ST - ZIP	Sarasota FL 34236		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Young, Roy		
3.3 STREET ADDRESS	Same		
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	D. Newhizusee, Jon		
4.3 STREET ADDRESS	Same		
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	Tollerton, Jim		
5.3 STREET ADDRESS	Same		
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			
14. I do 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:  4/28/97 9419571444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)