

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 # L40569 (0)

1. Corporation Name

PERSONNEL OPTIONS, INC.

Principal Place of Business

Mailing Address

4100 CORPORATE SQUARE  
STE. 106  
NAPLES FL 33942  
US

PO BOX 9584  
NAPLES FL 33941-9584  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4380 Enterprise		26 P.O. Box 9584		01/02/1990		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 2		27		65-0171800		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Naples, Florida		28 Naples, Florida		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33942		29 33941					
Country		Country					
25 U.S.		30 U.S.					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORG, CATHY MICHELLE 4100 CORPORATE SQUARE SUITE 120 NAPLES FL 33942				81 Name Gorg, Cathy Michelle 82 Street Address (P.O. Box Number is Not Acceptable) 4380 Enterprise Avenue 83 Suite 2 84 City Naples 85 Zip Code FL 33942			
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 C. Michelle Gorg				4-28-96			
Signature typed or printed name of registered agent is filed with report				DATE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORG, CATHY MICHELLE	1.2 NAME	
STREET ADDRESS	2764 FOUNTAIN VIEW CIRCLE, #202	1.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	1.4 CITY- ST- ZIP	
TITLE	PVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORG, CATHY MICHELLE	2.2 NAME	
STREET ADDRESS	2764 FOUNTAIN VIEW CIR, #202	2.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		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 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 C. Michelle Gorg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 991-695-3037  
DATE TELEPHONE #

CR2E034 (12/95)