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FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M81083 (1)
1. Corporation Name
TALENTCORP OF AMERICA, INC.

Principal Place of Business 1000 N. MAGNOLIA AVE. STE A ORLANDO FL 32803-3813 US	Mailing Address 1000 N MAGNOLIA AVE. STE A ORLANDO FL 32803-3813 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/16/1988	
				4. FEI Number 59-2887454	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERRING, ROBERT R 1000 N. MAGNOLIA AVE. STE A ORLANDO FL 32803		10. Name and Address of New Registered Agent 81 Name HERRING, R. BENNETT 82 Street Address (P.O. Box Number is Not Acceptable) 1000 N. MAGNOLIA AVE. 83 STE A 84 City ORLANDO FL 85 Zip Code 32803-3813	
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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 R. Bennett Herring R. BENNETT HERRING, VICE PRESIDENT & TREASURER 4/30/1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD HERRING, ROBERT R. 1000 N MAGNOLIA AVE, STE A ORLANDO FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD GUINN, CHARLES F. 815 QUINTILINA AVE ORLANDO FL	1.2 NAME	
STREET ADDRESS	D GARWOOD, THOMAS C., JR. 815 N GAYLAND AVE ORLANDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	D BROWN, JAMES B. 7101 LAKE ELLENOR DRIVE ORLANDO FL	1.4 CITY-ST-ZIP	
	VTSD HERRING, R. BENNETT 1000 N MAGONOLIA AVE SUTE A ORLANDO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	1000 N MAGNOLIA AVE, STE A
		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 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: R. Bennett Herring R. BENNETT HERRING V.P. & TREASURER 4/30/1998 (407) 839-0502

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