SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:57

DOCUMENT # N21771 (3)

1. Corporation Name
PROFESSIONAL EMPLOYMENT NETWORK, INC.

Principal Place of Business	Mailing Address
3421 LAWTON RD. ORLANDO FL 32803	3421 LAWTON RD. ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1987
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2863560 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~LEHMAN, LEE~~
~~518 BIANCA CT~~
~~ALTAMONTE SPGS FL 32701~~

10. Name and Address of New Registered Agent

81 Name: KENNETH BENNETT
82 Street Address (P.O. Box Number is Not Acceptable): 105 LIVE OAKS GARDENS STE 139
83 City: CASSELBERRY
84 FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: KENNETH BENNETT 6/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☒ Addition
NAME	~~HOLMAN, JOSEPH~~	12 NAME	GARDNER·HUSSEY	
STREET ADDRESS	~~600 TUSKAWILLA POINT LANE~~	13 STREET ADDRESS	1396 BLACK WILLOW TRAIL	
CITY·ST·ZIP	~~WINTER SPRINGS FL~~	14 CITY·ST·ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	WRIGHT, THOMAS	22 NAME	THOMAS WRIGHT	
STREET ADDRESS	8027 WOODFARE COURT	23 STREET ADDRESS	690 OSCEOLA AVE #201	
CITY·ST·ZIP	ORLANDO FL	24 CITY·ST·ZIP	WINTER PARK, FL 32789	
TITLE	SD	31 TITLE	SD	☐ Change ☒ Addition
NAME	~~TIBBETTS, CARLOS~~	32 NAME	JAMES DIGGS	
STREET ADDRESS	~~5228 LAKE MARGARET DRIVE, APARTMENT 803~~	33 STREET ADDRESS	7900 PLUNKETT AVE	
CITY·ST·ZIP	~~ORLANDO FL~~	34 CITY·ST·ZIP	~~ORLANDO, FL 32810~~	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ROWE, ELIZABETH	42 NAME		
STREET ADDRESS	3421 LAWTON RD #100	43 STREET ADDRESS		
CITY·ST·ZIP	ORLANDO FL	44 CITY·ST·ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	MAUGHLAN, CHERYL	52 NAME	CHERYL MAUGHAN	
STREET ADDRESS	~~514 LAKE MARY BOULEVARD~~	53 STREET ADDRESS	105 LIVE OAKS GARDENS	
CITY·ST·ZIP	~~SANFORD FL~~	54 CITY·ST·ZIP	~~CASSELBERRY, FL 32707~~	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	~~LEHMAN, LEE~~	62 NAME	KENNETH BENNETT	
STREET ADDRESS	~~518 BIANCA CT.~~	63 STREET ADDRESS	105 LIVE OAKS GARDENS	
CITY·ST·ZIP	~~ALTAMONTE SPRINGS FL~~	64 CITY·ST·ZIP	CASSELBERRY, FL 32707	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as [illegible] pursuant to 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Rowe ELIZABETH ROWE EXECUTIVE DIRECTOR 6/14/95 407-897-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004500