

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N21771 (3)**

1. Corporation Name

**PROFESSIONAL EMPLOYMENT NETWORK, INC.**



Principal Place of Business

3421 LAWTON RD.  
ORLANDO FL 32803

Mailing Address

3421 LAWTON RD.  
ORLANDO FL 32803

3. Date Incorporated or Qualified  
**07/29/1987**

3a. Date of Last Report  
**06/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1001 Executive Ctr Dr**

26 **1001 Executive Ctr. Dr**

4. FEI Number  
**59-2863560**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

23 **ORLANDO, FL**

28 **ORLANDO, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 **32803**

25 **ORANGE**

29 **32803**

30 **ORANGE**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, KENNETH  
105 LIVE OAKS GARDENS  
STE 139  
CASSELBERRY FL 32707**

81 Name  
**RICHARD LITTLE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4525 WOODLOT COURT**  
83  
84 City  
**ORLANDO**

85 Zip Code  
**FL 32835**

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

*Richard B. Little*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/31/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUSSEY, GARDNER	
STREET ADDRESS	1396 BLACK WILLOW TRAIL	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, THOMAS	
STREET ADDRESS	690 OSCEOLA AVE 201	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DIGGS, JAMES	
STREET ADDRESS	7900 PLUNKETT AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, ELIZABETH	
STREET ADDRESS	3421 LAWTON RD #100	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAUGHLAN, CHERYL	
STREET ADDRESS	105 LIVE OAKS GARDENS	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, KENNETH	
STREET ADDRESS	105 LIVE OAKS GARDENS	
CITY - ST - ZIP	CASSELBERRY FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RUTH LEGGORE	
13 STREET ADDRESS	2206 MITCH CT. WEST	
14 CITY - ST - ZIP	SANFORD, FL 32771	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RANDELL CARSON	
23 STREET ADDRESS	161 W. SILVER STAR ROAD	
24 CITY - ST - ZIP	OCFEE, FL 34761	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ALAN MORGAN	
33 STREET ADDRESS	806 RAVENS CIRCLE #305	
34 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ELIZABETH ROWE	
43 STREET ADDRESS	1001 EXECUTIVE CENTER DRIVE	
44 CITY - ST - ZIP	ORLANDO, FL 32803	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	RICHARD LITTLE	
63 STREET ADDRESS	4525 WOODLOT COURT	
64 CITY - ST - ZIP	ORLANDO, FL 32835	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIZABETH ROWE**

**1/26/96**

Date

**(407) 897-2886**

Daytime Phone #

CR2E037 (12/95)