

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 # **N93000003214 (4)**

1. Corporation Name

AHS RESOURCE PERSONNEL, INC.



Principal Place of Business

Mailing Address

2400 BEDFORD ROAD
ORLANDO FL 32803

2400 BEDFORD ROAD
ORLANDO FL 32803

3. Date Incorporated or Qualified
07/13/1993

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 N. ORLANDO AVE.**

26 **111 N. ORLANDO AVE.**

4. FEI Number

75-2494887

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **WINTER PARK, FL**

28 **WINTER PARK, FL**

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32789**

25 **ORANGE**

29 **32789**

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

**TRIMBLE, TAMARA L
2400 BEDFORD ROAD
ORLANDO FL 32803**

81 Name
TRIMBLE, TAMARA L.

82 Street Address (P.O. Box Number is Not Acceptable)

111 NORTH ORLANDO AVENUE

83

84 City

WINTER PARK

FL

85 Zip Code
32789

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

TAMARA L. TRIMBLE *(Tamara L. Trimble)*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

1/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ROBERTSON, WILLIAM G
STREET ADDRESS 11801 S FREEWAY
CITY-ST-ZIP FT WORTH TX

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME CHILSON, JEFFREY J
STREET ADDRESS 201 NORTH EUSTIS ST.
CITY-ST-ZIP EUSTIS FL 32726

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME SELIVANOFF, PAUL G
STREET ADDRESS % 2400 BEDFORD ROAD
CITY-ST-ZIP ORLANDO FL 32803

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS DELETE
NAME BLOCK, MARK L
STREET ADDRESS 2400 BEDFORD ROAD
CITY-ST-ZIP ORLANDO FL

4.1 TITLE Change Addition
4.2 NAME AS
BLOCK, MARK L.
4.3 STREET ADDRESS 111 NORTH ORLANDO AVENUE
4.4 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME JIMENEZ, A. DAVID
5.3 STREET ADDRESS 11801 S. FREEWAY
5.4 CITY-ST-ZIP FT WORTH, TX 76115-0337

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME WOOTEN, SCOTT
6.3 STREET ADDRESS 11801 S. FREEWAY
6.4 CITY-ST-ZIP FT WORTH, TX 7611500337

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/26/96

DAYTIME PHONE #

407/975-1410

CR2E037 (12/95)