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NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000003214 (4)

AHS RESOURCE PERSONNEL, INC.

FILED Mar 31 1998 8:00am Secretary of State

Principal Place						5711 53463 WWA 1/881	
Principal Place of Business Mailing Address					I HOUSENEY MEN HOUSE BY HE MANNEY WANTED BY HE WAS A STATE OF THE STAT	21 1	11011 0101 (08 1
111 N. ORLANDO AVE. WINTER PARK FL 32789		111 N. ORLANDO AVENUE WINTER PARK FL 32789			3. Date incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	
					07/13/1993		
US		US			4. FEI Number		pplied For
					75-2494887		ot Applicable
	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	A0.75	Additional
Suite, Apt. #, etc.		26			Fee R	equired	
22		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
City & State	9	City & State			7. Is this nonprofit corporation a homeo		on?
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid th	e current year In	tangible
24	25	29	30		Personal Property Tax due June 30.		X No
	9. Name and Address of Curr	ent Registered Agent		41	10. Name and Address of New Registe	ered Agent	
			8	1 Name			
TRIMBLE, TAMARA L			6:	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	<u> </u>	
	RTH ORLANDO AVENUE		83				
MINIEK	PARK FL 32789		L	<u> </u>			
			8	4 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	ites, the abo	ve-named co	progration submits this statement for the purpo	nse of changing i	ts registered
office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was	authorized L	by the corpor	ration's board of directors. I hereby accept the	e appointment as	registered
•	m ramiliar with, and accept the ob-	igations of, Section 617.0503, F	IONOA SIAIUR	5 5.			
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NC	TE: Registered A	gent signature rec	quired when reinstating) D.	ATE	
		ND DIRECTORS	TE: Registered A	gent signature ret	quired when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	OFFICERS A			· · · · · · · · · · · · · · · · · · ·			
12. TMLE	OFFICERS A D JIMENEZ, A. D	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	
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12. Title Name Street address City-St-Zip	OFFICERS A D JIMENEZ, A. D 11801 S. FREEWAY FT WORTH TX	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	E ET ADDRESS - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR (A) Change e 789	☐ Addition
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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 a 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.

[GNATURE: (407) 975–1410]

(407) 975-1410