


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90004 037 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N93000003214

1. Corporation Name

AHS RESOURCE PERSONNEL, INC.

Principal Place of Business

111 N. ORLANDO AVE.
WINTER PARK FL 32789
US

Mailing Address

111 N. ORLANDO AVENUE
WINTER PARK FL 32789
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/13/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	75-2494887
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, TAMARA L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, A. D	1.2 NAME	
STREET ADDRESS	1110 NORTH ORLANDO AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, SCOTT	2.2 NAME	
STREET ADDRESS	601 NORTH ROLLINS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, MARK L	3.2 NAME	
STREET ADDRESS	111 NORTH ORLANDO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFADY, RANDOLPH W	4.2 NAME	
STREET ADDRESS	11801 SOUTH FREEWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76134	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L. Mark Block REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 647-4400

Daytime Phone #

CR2E037 (1/98)