

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 AUG 29 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27769** (9)

1. Corporation Name

U.S. PERSONNEL, INC.

Principal Place of Business

Mailing Address

**1800 SUMMIT TOWER BLVD.
ORLANDO FL 32810**

**PO BOX 210518
COLUMBIA SC 29221
US**

3. Date Incorporated or Qualified 01/17/1990	3a. Date of Last Report 08/09/1995
4. FEI Number 57-0851566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REVIS, GENA
1800 SUMMIT TOWER BLVD
SUITE 140
ORLANDO FL 32810**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(If 30 Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	PTD FABER, KAREN S 2000 CENTER POINT DR COLUMBIA SC	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600001939326 -09/05/96--01025--019 ****225.00 ****225.00
<input type="checkbox"/> DELETE	VSD SCHMIDT, KAREN S. 2000 CENTER POINT DR COLUMBIA SC	2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE	V BASS, DAVID 2000 CENTER POINT DR COLUMBIA SC	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	V DEVINE, BRAIN 2000 CENTER POINT DR. COLUMBIA SC	3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE	V AVERY, SEELEY 2000 CENTER POINT DRIVE COLUMBIA SC	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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

Date

Daytime Phone #