

JUN-24-1997 16:22

MCNAIR LAW FIRM, P.A.

P.02/08

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00
**PROFIT
CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # P35261
 1. Corporation Name
PARADYME EMPLOYEE LEASING CORPORATION
FILED
97 JUN 27 AM 9:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

7370 COLLEGE PARKWAY
SUITE 212
FORT MYERS FL 33907

2. Date Incorporated or Qualified

8/20/95

3a. Date of Last Report

10/02/95

4. FEI Number

58-1635399

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

21. Principal Place of Business

21. 2000 CENTER POINT DR

Suite, Apt. B, etc.

22. SUITE 227S

City & State

23. COLUMBIA SC

Zip

24. 29221

Country

25. USA

26. Mailing Address

26. PO Box 210963

Suite, Apt. B, etc.

City & State

27. COLUMBIA SC

Zip

28. 29221-0963

Country

29. USA

9. Name and Address of Current Registered Agent

JAMES M MORAN, ESQ
7370 COLLEGE PARKWAY
SUITE 212
FT MYERS FL 33907

10. Name and Address of New Registered Agent

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 607.0602 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, hand or printed name of registered agent and date of signature

(NOTE: Registered agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

14. I do 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 607, 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

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Fee: \$550.00, \$550.00