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PRÓFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000020419 (6)

VINCAM HUMAN RESOURCES, INC. XII

Principal Place of Business	Mailing Address
2850 DOUGLAS RD.	2850 DOUGLAS RD.
Coral Gables FL 33134	CORAL GABLES FL 33134-8901

FILED Apr 09 1997 8:00am Secretary of State



Ennoipai Place	e of Business	Mailing Address					
2850 DOUGLAS RD. 2850 DOUGLAS RD. CORAL GABLES FL 33134 CORAL GABLES FL 33134-6901		14-6901					
				3, Date Incorporated or 0 03/18/1993		te of Last R	eport
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number			plied For
21		26		65-0399700		No	t Applicabl
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	esired 🗹		Additional
2 City & State		City & State				Fee Re	
City & State	u			6. Election Campaign Fin		\$5.00 Added	May Be
Zip	Country	28 Zip	Country	Trust Fund Contributio 8. This corporation has lie			
4	25	29	30	Florida Statutes	Yes [. 199.032,
71	g. Name and Address of Cu		1001	10. Name and Address of			
CUE	TO, WILLIAM F		81 Nar				
	DOUGLAS RD.		82 Stre	Elizabeth J. Keel et Address (P.O. Box Number is Not	er, Secreta	ary	
	VAL GABLES FL 33134		92 3116	2850 Douglas Road			
			B3				
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			64 City	Coral Cables	FL	85 Zip	Code 12/
11. Pursuant	to the provisions of School ins 607	.0502 and 607.1508, Florida Stat	utes, the above-nam	ed corporation submits this statemen	nt for the purpose of	changing it	s registere
office or re agent. La	egistered agent, or both, into S	itate of Florida. Such change wa	s authorized by the o	corporation's board of directors. I her	eby accept the appo	pintment as	registered
		DIIDANOOS OF SUCKOU KUZ DSUS II	Florida Statutes	· ·			
OLONIATION	rti iamiliai wini, arbancano o	, coco, you noticed, to anottagila	Florida Statutes.	Voelen Comotows	1 /1	E /02	
SIGNATURE	Signature, typed or print d name of registero	E] d agent and tille if applicable. (N	Florida Statutes. izabeth J OTE: Registered Agent eigni	Coral Cables, ned corporation submits this statemer corporation's board of directors. I here the corporation is board of directors. I here the corporation is correctly state required when reinstating.	1/1	5/97	
SIGNATURE	Signature, typed or print diname of registero	d agent and tilled applicable. AND DIRECTORS	Florida Statutes. izabeth J. OTE Registered Agent eight	alure required when reinstating) ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	IS IN 12
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I do nereby certify that the information pyriphied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes. I further certify that the information indicated on this annual repy 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 corry property for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if graphed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY

Elizabeth J. Keeler

1/15/97

(305)460-2364