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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000055360 (0)

1. Corporation Name
AMERICAN EMPLOYEE LEASING, INC.

Principal Place of Business
127 E ZARAGOZA STREET
SUITE 104
PENSACOLA FL 32501

Mailing Address
127 E ZARAGOZA STREET
SUITE 104
PENSACOLA FL 32501



2. Principal Place of Business

21 127 East Zaragoza Street
Suite, Apt. #, etc.
22 Suite 205
City & State
23 Pensacola - FL
Zip
24 32501

2a. Mailing Address

26 127 East Zaragoza Street
Suite, Apt. #, etc.
27 Suite 205
City & State
28 Pensacola - FL
Zip
29 32501

3. Date Incorporated or Qualified
08/02/1993

3a. Date of Last Report
05/31/1996

4. FEI Number

59-3193347

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

9. Name and Address of Current Registered Agent

BROWN, R P
127 E ZARAGOZA STREET
SUITE 104
PENSACOLA FL 32501

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 607.0502 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. I 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BROWN, WHIT L J
STREET ADDRESS 127 E ZARAGOZA ST
CITY - ST - ZIP PENSACOLA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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CITY - ST - ZIP

DELETE

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CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS
1.2 NAME PATEY F. BROWN
1.3 STREET ADDRESS 2032 RESERVATION ROAD
1.4 CITY - ST - ZIP GULF BREEZE FL 32561

Change Addition

2.1 TITLE DP
2.2 NAME R. PIERRE BROWN
2.3 STREET ADDRESS 2032 RESERVATION ROAD
2.4 CITY - ST - ZIP GULF BREEZE FL 32561

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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

2-1-97 904-469-8183

Date Daytime Phone

CR2E034 (9/96)