

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 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 # P93000074856**  
 1. Corporation Name

**Term Personnel Of Sarasota, Inc.**

Principal Place of Business Mailing Address

**1515 2nd Street Sarasota, Fl 24236**      **1515 2nd Street Sarasota, Fl 34236**  
**342363**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>1515 2nd Street</b>		26 <b>1515 2nd Street</b>		<b>10/22/1993</b>		<b>04/06/96</b>	
22 Suite Apt. # etc.		27 Suite Apt. #, etc.		4. FEI Number		Applied For	
23 <b>Sarasota, Florida</b>		28 <b>Sarasota, Florida</b>		<b>65-0445958</b>		Not Applicable	
24 <b>34236</b>		25 <b>U.S.A.</b>		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 <b>34236</b>		30 <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Le Blanc, C. G.</b> <b>2212 Shadow Lakes Dr.</b> <b>Sarasota, Fl 34240</b>				81 Name <b>Le Blanc, C. G.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2212 Shadow Lakes Dr.</b>			
				83 <b>Sarasota, FL 34240</b>			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEO President</b>	1.2 NAME	
STREET ADDRESS	<b>Le Blanc, Marie Anne</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>6168 Nicole Ct</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary/Treasurer</b>	2.2 NAME	
STREET ADDRESS	<b>Le BLANC, Wayne C.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>1521 Kirkman Rd #2002</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Orlando, Fl 32811</b>	3.2 NAME	
STREET ADDRESS	<b>Vice President</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Le Blanc, C. G.</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sarasota, Fl 34240</b>	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	<b>100002197261</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-06/02/97--01017--045</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>***165.00</b>
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 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 or changed by an attachment with an address.

SIGNATURE: *[Signature]*      Date: **5/12/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **05/19/97**

CF2E034 (9/96)