FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000019431 (3)

1. Corporation Name
PERSONNEL SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
17980 GULF BLVD. SUITE 505 REDINGTON SHORES FL 33708	17980 GULF BLVD. SUITE 505 REDINGTON SHORES FL 33708

3. Date Incorporated or Qualified: 03/02/1994
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business
21 17345 Rosa Lee Way
Suite, Apt. #, etc.
22
City & State
23 N. Redington Beach FL
Zip 24 33708 Country 25 USA

2a. Mailing Address
26 17345 Rosa Lee Way
Suite, Apt. #, etc.
27
City & State
28 N. Redington Beach FL
Zip 29 33708 Country 30 USA

4. FEI Number: 80-3231440 ☐ 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**
MEADOR, LYNDA H
17908 GULF BOULEVARD
APARTMENT 505
REDINGTON SHORES FL 33708

10. **Name and Address of New Registered Agent**
81 Name: Lynda H. MEADOR
82 Street Address (P.O. Box Number is Not Acceptable): 17345 Rosa Lee Way
83
84 City: N. Redington Beach FL 85 Zip Code: 33708

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: Lynda H. Meador - President   DATE: 4/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	D/P ☑ Change ☐ Addition
NAME	MEADOR, LYNDA H		1 2 NAME	MEADOR, Lynda H.
STREET ADDRESS	17908 GULF BLVD. #505		1 3 STREET ADDRESS	17345 Rosa Lee Way,
CITY-ST-ZIP	REDINGTON SHORES FL 33708		1 4 CITY-ST-ZIP	N Redington Beach FL 33708
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynda H. Meador Lynda H. MEADOR 4/25/96 (813) 397-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)