1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90080 031 ***150.00

DOCUMENT # P94000019431

1. Corporation Name

PERSONNEL SOLUTIONS INTERNATIONAL, INC.

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Principal Place of Business Mailing Address										
17345 ROSE LEE WAY 17345 ROSA LEE WAY							*			
N. REDINGTON BEACH FL 33708 N REDINGTON BEACH FL 33				3708			: 50 11	T MOTE IN TH	ne ebree	
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
P							03/02/1994	· uanieu		
2. Principal F	Place of Business	2a. Maili	ing Address	7 3		•	4. FEI Number			plied For
21		26					59-3231440			t Applicable
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.				5. Certifcate of Status De	sired 🗆	\$8.75 A Fee Re	
City & Stat	le .	City	& State				6. Election Campaign Fin	ancing _	\$5.00	May Be
23		28					Trust Fund Contribution	<u>. </u>	Added to	o Fees
Zip	Country	Zip		Coun	try		8. This corporation owes	the current year	Intangible	.
24	25	29		30			Personal Property Tax.			No
<u> </u>	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address o	New Register	ed Agent	
· LATA	DOD: DAIDA U			{	31 N	ame	•			
	ADOR, LYNDA H			1	32 S	treet Addr	ess (P.O. Box Number is Not	Acceptable)		
	15 ROSA LEE WAY									
N H	EDINGTON BEACH FL 33708			{	33					
	•			ا	34 C	ity			85 Zip C	ode.
	•		•	1		-		F	L	i
office or I	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the oblination of the starm of th	te of Florida, Su gations of, Sect	ich change was au ion 697,0505, Flor Preside	ithorized ti ida Statut	by the es.	corporatio	on's board of directors. I hereb	y accept the ap	pointment as reg	gistered
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DP		☐ DELETE	1.1 TITL	E				☐ Change	☐ Addition
NAME	MEADOR, LYNDA H			1.2 NAM	ΙE					
STREET ADDRESS	17345 ROSA LEE WAY			1.3 STR	EET ADI	RESS				Ì
CITY-ST-ZIP	NB REDINGTON BEACH FL			1.4 CITY	-ST-ZIF	,				
TITLE	S		☐ DELETE	2.1 TITL					Change	Addition
NAME	MEADOR, ROBERT C			2.2 NAM	E.	ĺ				
STREET ADDRESS	**************************************	•	54	2.3 STR	EET AOI	RESS	•		المرية الماية	-
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				4.3 STR		ABEGG				ļ
STREET ADDRESS				4,4 CITY						1
CITY-ST-ZIP TITLE	`		☐ DELETE	5.1 TITL			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
				5.2 NAM		ļ			_ •	_
NAME				5.3 STR		RESS		•		ļ
STREET ADDRESS	1			5.4 CITY						-
CITY-ST-ZIP	·		DELETE	6.1 TITL					☐ Change	☐ Addition
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NAME	Ţ			6.3 STR		RESS				ļ
STREET ADDRESS	1									1

CITY-ST-ZIP

14. I 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 changes, or on an attachment with an addless, with all other like empowered.

SIGNATURE: