

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000032182 (5)

1. Corporation Name
PROFESSIONAL EMPLOYERS, INC.

Principal Place of Business
402 43RD STREET WEST
BRADENTON FL 34209

Mailing Address
402 43RD STREET WEST
BRADENTON FL 34209-2852

FILED

97 JUN 23 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report
04/19/1996

4. FEI Number
NOT APPLICABLE

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

GREENE, ROBERT F
1301 6TH AVE WEST
SUITE 505
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd
83
84 City Plantation FL 85 Zip Code 33324

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 changing)

DOMENIC A. BORRIELLO
Assistant Vice President

DATE

6/20/97

12. OFFICERS AND DIRECTORS

TITLE
NAME BOYD, WILBUR H
STREET ADDRESS 402 43RD STREET WEST
CITY-ST-ZIP BRADENTON FL

TITLE
NAME LYNN, WAYNE R
STREET ADDRESS 402-43RD STREET, WEST
CITY-ST-ZIP BRADENTON FL

TITLE
NAME BOYD, VALERIE
STREET ADDRESS 402-43RD STREET, WEST
CITY-ST-ZIP BRADENTON FL

TITLE
NAME DVPT ROSS, BRENDA SMYTH
STREET ADDRESS 402 43RD ST W
CITY-ST-ZIP BRADENTON FL

TITLE
NAME DP BOYD, JAMES E
STREET ADDRESS 403 43RD ST W
CITY-ST-ZIP BRADENTON FL

TITLE
NAME DVP BAKER, DIANNA B
STREET ADDRESS 402 43RD ST WEST
CITY-ST-ZIP BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.
1.2 NAME Brad Behr
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V.P. / D
2.2 NAME Arthur Locicento
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE All Located @
4.2 NAME
4.3 STREET ADDRESS 1016 W 9th Ave
4.4 CITY-ST-ZIP King of Prussia PA 19406

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

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CR2E034 (9/96)