

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

FILED

May 12 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 # P94000046270 (2)

1. Corporation Name

SOFTWARE PERSONNEL, INC.

Principal Place of Business

366 CEDARBROOK LANE
ALTAMONTE SPRINGS FL 32714

Mailing Address

366 CEDARBROOK LANE
ALTAMONTE SPRINGS FL 32714-3619



2. Principal Place of Business	2a. Mailing Address
21 965 High Point Loop	26 965 High Point Loop
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Longwood, Fla	28 Longwood, FL
24 32750	29 32750
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
06/21/1994	05/01/1996
4. FEI Number	Applied For
59-3251177	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. 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

MCCOY, VIRGINIA W
366 CEDARBROOK LANE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name McCoy, Virginia W.
82 Street Address (P.O. Box Number Not Acceptable)
83 965 High Point Loop
84 City Longwood FL
85 Zip Code 32750

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

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, VIRGINIA W	1.2 NAME	
STREET ADDRESS	366 CEDARBROOK LANE	1.3 STREET ADDRESS	965 High Point Loop
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY - ST - ZIP	Longwood, FL
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, LAURA J	2.2 NAME	
STREET ADDRESS	20148 BILL COLLINS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 if changed, or on an attachment with an address.

SIGNATURE:

Virginia W McCoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 662-3256
Date Daytime Phone

CR2E034 (9/96)