


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

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Mar 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	
<b>DOCUMENT # P94000048822 (8)</b>			
1. Corporation Name <b>D.P. HUMAN RESOURCES, INC.</b>			
Principal Place of Business <b>5024 PALOMA DR. SUITE 300 TAMPA FL 33624-4344 US</b>		Mailing Address <b>5024 PALOMA DR. SUITE 300 TAMPA FL 33624-4344 US</b>	
2. Principal Place of Business 21 <b>10014 N. DALE MABRY HWY.</b> Suite, Apt. #, etc. 22 <b>Suite 101</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33618</b> Country 25 <b>U.S.</b>		2a. Mailing Address 26 <b>10014 N. DALE MABRY HWY.</b> Suite, Apt. #, etc. 27 <b>Suite 101</b> City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33618</b> Country 30 <b>U.S.</b>	
3. Date Incorporated or Qualified <b>06/30/1994</b>		3a. Date of Last Report <b>05/31/1996</b>	
4. FEI Number <b>59-3252527</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>KELLY, PETER J 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 <i>Sue K. Hopfensperger</i> <b>Sue K. Hopfensperger - President 1-13-97</b> (NOTE: Registered Agent signature required when reinstating.)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 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 <i>Sue K. Hopfensperger</i> <b>1-13-97</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		269-0495 886-3307 Date Daytime Phone #	

CR2E034 (9/96)