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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

Principal Place of Business	Mailing Address
402 43RD STREET WEST BRADENTON FL 34209	1016 W. 9TH AVENUE ATTN: T AX DEPARTMENT LEGAL DEP + . KING OF PRUSSIA PA 19406

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90040 038 ***150.00

	HE EMPLOYEE SERVICES	OI ILOMBA, MO.						
Principal Place	e of Business	Mailing Address				I UN DITARIO TIM JANGE MENSE ANTIL ORSII N	(Bill Bibbi bili labi
402 43RD STRE BRADENTON FL	ET WEST	1016 W. 9TH AVENUE ATTN: T AX DEPARTMENT	-legal	- Dept	L.	DO NOT WRITE	IN THIS SPACE	
1		KING OF PRUSSIA PA 19	406		<u> </u>	3. Date Incorporated or Qualifed	1111001702	···
						09/02/1994		
2. Principal Pt	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26			ļ	65-0544531		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State	e	City & State			[•	6. Election Campaign Financing		00 May Be
23		28	0			Trust Fund Contribution	Aaa	ed to Fees
Zip	Country	Zip	Counti	у	1	This corporation owes the current Personal Property Tax.	year intangible	□No
24	25	29	30 T		<u>-</u>	0. Name and Address of New Reg		
	9. Name and Address of Curren	it Registered Agent	8	1 Name	<u> </u>	O. Hame and House of Heavy res		
СТ	CORPORATION SYSTEM							
	SOUTH PINE ISLAND ROAD		8.	2 Street A	Address	(P.O. Box Number is Not Acceptable))	i
PLAN	NTATION FL 33324		8	3				
			L	<u>.</u>				- C
			8	4 City			FL 85 2	tip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ve-named	corporati	ion submits this statement for the pur	rpose of changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized b	v the corpo	oration's	board of directors. I hereby accept to	ne appointment a	s registered
1	III lamiliai witii, and accept the obliga	alons of, occaon correcte, vi	0.100 0.101-11					
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOT	E: Registered Ag	ent signature re	equired whe		DATE	
12.	OFFICERS AN	O DIDECTORS	4.0					
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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 suppliemental 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 of 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, of on an attachment with an address with all other like empowered.

SIGNATURE: