

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000073470 (4)

1. Corporation Name
SPECIALTY EMPLOYEE LEASING, INC.



Principal Place of Business 4908 NW 34TH ST SUITE #1 GAINESVILLE FL 32605 US	Mailing Address PO BOX 4026 GAINESVILLE FL 32613-4026 US
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2. Principal Place of Business 21 4908 NW 34th St. Suite, Apt. #, etc. 22 #17 City & State 23 Gainesville, FL Zip 24 32605	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 USA
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3. Date Incorporated or Qualified 09/29/1994	3a. Date of Last Report 03/15/1996
4. FEI Number 59-3274831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EDGE, MICHEAL 4908 NW 34TH AVENUE #1 GAINESVILLE FL 32605	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDGE, MICHEAL 4908 NW 34TH ST SUITE #1 GAINESVILLE FL 32605 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDGE, HUGH 5018 NW 30TH TERRACE GAINESVILLE FL 32605 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLAUGHLIN, PATRICK P.O. BOX 2629 BELLEVUE FL 34421 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Edge, Michael 4908 NW 34th St Suite #17 Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Edge, Hugh Jr. 4908 NW 34th St Suite #17 Gainesville, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST McLaughlin, Patrick 511 Mulberry & Central St Coleman, FL 33521 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplement, 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 checked, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)