

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000087420 (3)**

1. Corporation Name

**LABOR-COST MANAGEMENT, INC.**



Principal Place of Business <b>123 STAFF RD FORT WALTON BEACH FL 32548 US</b>	Mailing Address <b>123 STAFF RD FORT WALTON BEACH FL 32548 US</b>
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2. Principal Place of Business 21 <b>123 STAFF DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 <b>123 STAFF DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified <b>12/01/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3280071</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILAN, DONALD F 4345 HIDDEN LAKES DR E NICEVILLE FL 32578</b>	
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10. Name and Address of New Registered Agent 81 Name <b>MILAN, DONALD F.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2806 ARNOLD PALMER CT.</b> 83 84 City <b>SHALIMAR,</b> FL 85 Zip Code <b>32579</b>	
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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 *Donald F. Milan* **DONALD F. MILAN** DATE **4-28-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MILAN, DONALD F 4345 HIDDEN LAKES DR. E NICEVILLE FL 32578</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILAN, DONALD F 4345 HIDDEN LAKES DR. E NICEVILLE FL 32578</b> <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	<b>V/S/D MILAN, DONALD F. 2806 ARNOLD PALMER CT SHALIMAR, FL 32579</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P/T/D MILAN, FRANK 2806 ARNOLD PALMER CT SHALIMAR, FL 32579</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<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 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: *Donald F. Milan* **DONALD F. MILAN** DATE **4-28-97** 904-243-1018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)