

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089298 (1)
1. Corporation Name

PERSONNEL ONE STAFFING SERVICES, INC.

Principal Place of Business

Mailing Address

770 S DIXIE HWY. 200
CORAL GABLES FL 33146

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CORAL GABLES FL 33146

FILED
96 DEC 31 AM 9:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified 12/09/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0537982	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	21 Suite, Apt. #, etc
22 City & State	22 City & State
23 Zip	23 Zip
24 Country	24 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORSEN, JOHN P 8600 NW S RIVER DR, 101 MIAMI FL 33166	81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324

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 _____
Signature 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	DP	1.1 TITLE	Executive VP
NAME	NAGEL, WILLIAM D	1.2 NAME	Michael F. Mancivalano
STREET ADDRESS	20 RANGELY DR	1.3 STREET ADDRESS	222 W. Las Colinas Blvd. # 1250
CITY - ST - ZIP	COLORADO SPRINGS CO 80921	1.4 CITY - ST - ZIP	Irving, TX 75039
TITLE	DS	2.1 TITLE	
NAME	KING, TIMOTHY R	2.2 NAME	
STREET ADDRESS	2462 CRAYCROFT DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLORADO SPRINGS CO 80920	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	
NAME	DEBELLAS, ALFRED F	3.2 NAME	
STREET ADDRESS	1923 WINDY GREEN	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77345	3.4 CITY - ST - ZIP	
TITLE	Chairman & CEO	4.1 TITLE	
NAME	Daniel L. England	4.2 NAME	
STREET ADDRESS	222 W. Las Colinas Blvd. # 1250	4.3 STREET ADDRESS	
CITY - ST - ZIP	Irving, TX 75039	4.4 CITY - ST - ZIP	
TITLE	VP & Assistant Sec.	5.1 TITLE	
NAME	Stephen J. Russo	5.2 NAME	
STREET ADDRESS	222 W. Las Colinas Blvd. # 1250	5.3 STREET ADDRESS	
CITY - ST - ZIP	Irving, TX 75039	5.4 CITY - ST - ZIP	
TITLE	Secretary / Treasurer	6.1 TITLE	
NAME	Candice M. Beduhn	6.2 NAME	
STREET ADDRESS	222 W. Las Colinas Blvd. # 1250	6.3 STREET ADDRESS	
CITY - ST - ZIP	Irving, TX 75039	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, and is changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen J. Russo 12/27/96 972-432-3000
Senior VP Date Daytime Phone