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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

(972) 432-3000

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089298 (1)

PERSONNEL ONE STAFFING SERVICES, INC.

| 770 S. DIXIE HIGHWAY. #200 CORAL GABLES FL 33146 | | 222 W. LAS COLINAS BLVD. #1250 | | | | | | | | |
|---|--|-----------------------------------|-----------------|--|-----------------------------|--|-----------------------------|-----------|---------------------------|--|
| | | IRVING TX 75039-5431 | | | | 3. Date Incorporated or Qualified | 3a. Date o | | eport | |
| Principal D | Place of Business | 2a. Mailing Address | | | | 12/09/1994 4. FEI Number | 12/31/1 | | - College | |
| 21 21 | iace of Business | 26 26 | | | | 1 " | | | plied For t Applicable | |
| Suite, Apt. | #. etc. | Suite, Apt #, etc. | | | | 65-0537982 | 2 - | | Additional | |
| 22 | | 27 | | | | 5, Certificate of Status Desired | Fee Required | | | |
| City & Stat | в . | Cily & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip | Country Zip Co | | | Country 8. This corporation has liability for intangible tax under s. 199.032, | | | | | | |
| 24 | 25 | | 30 | | Florida Statutes 🔀 Yes 🗌 No | | | | | |
| | g. Name and Address of Current | Registered Agent | | 81 | Mania | 10. Name and Address of New Reg | Istered Age | <u>nt</u> | | |
| CT CORPORATION SYSTEM | | | | ا'" | Name | | | | | |
| | South Pine Island Road Itation FL 33324 | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PLAN | HANDIN FL 33324 | | Ì | 83 | 13 | | | | | |
| | | | } | 84 | City | | FL 8 | 5 Zip C | Sode | |
| 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 | | | | | | | | | | |
| 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 life if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | 3 | | ADDITIONS/CHANGES TO OFFIC | | RECTOR | S IN 12 | |
| TITLE | EV DELETE | | | 1.1 TITLE | | | | Change | Addition | |
| NAME | MANCIVALANO, MICHAEL F | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | 1.3 \$1 | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ARLESS RELATIONS | | | 1.4 CNY+S1-7IP | | | | | | |
| TITLE | | | | 2 1 1IILE | | | | Change | Addition | |
| NAME | ENGLAND, DANIEL L | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | A-A-141 - A-A-A-1414 - MILION - MIAN-A | | | 2.3 \$TREET ADDRESS | | | | | | |
| CITY-ST-ZIP | IRVING TX 75039 | | | 1Y-\$ | 1- <i>2</i> (P | | | | | |
| TITLE | VPAS DELITE | | | l F | | | | Change | Addition | |
| NAME | RUSSO, STEPHEN J 34 | | | ME |) | · . | | | | |
| STREET ADDRESS | STREET ADDRESS 222 W. LAS COLINAS BLVD., #1250 | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | IRVING TX 75039 | | 3.4. Cl | 1Y-S | 1 - ZIP | | | | | |
| TITLE | <u> </u> | | | ιF | | | | Change | Add:tion | |
| NAME | | | | AME | - (| | | | | |
| STREET ADDRESS | 222 W. LAS COLINAS BLVD., # | 1250 | 4 3 5T | REET A | ADDRESS | | | | | |
| CITY-ST-ZIP | IRVING TX 75039 | | 4401 | Y-SI | r-ZiP | | | | | |
| TITLE | | ☐ DELETE | 5.1 101 | LE | | | | Change | Addition | |
| NAME | | | 5.2 NA | ME | ļ | | | | | |
| STREET ADDRESS | | | 5.3 \$ T | REEL A | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | - 7IP | | | | - p- 4 | |
| TITLE | | ☐ DELETE | 6.1 TIT | | | | | Change | Addition | |
| NAME | | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 63\$1 | REE1. | address | | | | | |
| CITY-ST-ZIP | | 10 11 10 | 64 CI | | | | | | | |
| informatio | on indicated on this annual report or su | innlemental annual report is tr | rue and a | ceu | rate and | itated in Section 119.07(3)(i), Fiorida Statules I that my signature shall have the same legal report as required by Chapter 607, Florida St | effect as if m | nade und | der oath: that | |