

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P94000093611 (9)

1. Corporation Name

PROFESSIONAL EMPLOYEE MANAGEMENT II, INC.



Principal Place of Business

Mailing Address

3639 CORTEZ ROAD WEST
SUITE 200
BRADENTON FL 34210

3639 CORTEZ ROAD WEST
SUITE 200
BRADENTON FL 34210-3158

2. Principal Place of Business

2a. Mailing Address

21 Professional Employee Management II, Inc.

26 Professional Employee Management II, Inc.

22 1819 Main Street

27 1819 Main Street

23 City & State 8th Floor

28 City & State 8th Floor

24 Zip Sarasota, FL 34236

29 Zip Sarasota, FL 34236

25 Country

30 Country

3. Date Incorporated or Qualified

12/28/1994

3a. Date of Last Report

05/23/1996

4. FEI Number

65-0543001

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOCKERY, CESESTE D
314 RINGLING PT DR
SARASOTA FL 34234

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P
NAME DOCKERY, CELESTE D
STREET ADDRESS 3639 CORTEZ RD. WEST, STE. 200
CITY-ST-ZIP BRADENTON FL

DELETE

1.2 TITLE

VP
NAME FEDDER, DARRIN
STREET ADDRESS 3639 CORTEZ RD. WEST, STE. 200
CITY-ST-ZIP BRADENTON FL

DELETE

1.3 TITLE

D
NAME YOUNG, ROY
STREET ADDRESS 3639 CORTEZ RD W
CITY-ST-ZIP BRADENTON FL

DELETE

1.4 TITLE

D
NAME TOLLERTON, JIM
STREET ADDRESS 3639 CORTEZ RD. WEST, STE. 200
CITY-ST-ZIP BRADENTON FL 34210

DELETE

1.5 TITLE

D
NAME NEUHAUSER, JON
STREET ADDRESS 3639 CORTEZ RD. WEST, STE. 200
CITY-ST-ZIP BRADENTON FL 34210

DELETE

1.6 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.7 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO
1.2 NAME
1.3 STREET ADDRESS 1819 Main St
1.4 CITY-ST-ZIP SARASOTA FL 34236

Change Addition

2.1 TITLE

President
2.2 NAME
2.3 STREET ADDRESS 1819 Main St
2.4 CITY-ST-ZIP SARASOTA FL 34236

Change Addition

3.1 TITLE

1819 Main St
3.2 NAME
3.3 STREET ADDRESS 1819 Main St
3.4 CITY-ST-ZIP SARASOTA FL 34236

Change Addition

4.1 TITLE

1819 Main St
4.2 NAME
4.3 STREET ADDRESS 1819 Main St
4.4 CITY-ST-ZIP SARASOTA FL 34236

Change Addition

5.1 TITLE

1819 Main St
5.2 NAME
5.3 STREET ADDRESS 1819 Main St
5.4 CITY-ST-ZIP SARASOTA FL 34236

Change Addition

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0421395

CR2E034 (9/96)