Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 001 ***150.00

4/12/95

59-3309117

5. Certifcate of Status Desired

4. FEI Number

DOCUMENT # P9500030055

GLOBAL EMPLOYEE LEASING, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

6950 CENTRAL AVE, SUITE 170 ST. PETERSBURG, FL 33707

. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

23		28				Trust Fund Contribu	* l	Added to		
Zip	Country	Zip	Co	untry	,	8. This corporation ow			71 003	
24	25	29	30			Personal Property T			⊡ No !	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					Name					
					TERRAL	<u>VCE P. MCNAM</u>	<u>ARA, ESC</u>	<u> </u>		
	and the fact of			82	Street Addre	ess (P.O. Box Number is N	ot Acceptable)			
					1110	GULF BLVD, S	OIIE E			
				83	ĺ					
				84	ST. PE	ETE BEACH,		FL 85 Zip C	ode 7 0 6	
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 a	registered agent, or both, in the state/o im familiar with, and accept the obligation	f Florida. Such change works of, Section 607,0505.	as authorize . Florida Sta	d by lutes	the corporatio	n's board of directors. I he	reby accept the a	ppointment as reg	istered	
SIGNATURE	- lew w	\\\	,				112010	0.0	1	
ORNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registere	d Agen	nt signature required	when reinstating)	4/30/9			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFFICER!	S AND DIRECTOR	RS IN 12	
TITLE	D, P, V, S, T \square DELETE 1.1			ITLE				☐ Change	Addition	
NAME				AME	1					
STREET ADDRESS	6950 CENTRAL AVE, SUITE 170 1.39			TREET	ADDRESS				ľ	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707 14			ITY-ST	r-zie					
TITLE		☐ DELETE						☐ Change	Addition	
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TITLE		☐ DELETE			2.			☐ Change	Addition	
NAME			5.2 N	AME				_ ,	_	
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CITY-ST-ZIP	•		5.4.0	HY-ST	r-ZIP				\	
TITLE		☐ DELETE						Change	Addition	
NAME			6.2 N	AME					tan. 1	
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			1	TY-ST	1					
G1. 1-G1-ZIF			1040	, 1 - 31	- LR					

14. I 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 13 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(727)345-0330