PROFIT CORPORATION... ANNUAL REPORT 1999 @ 550



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000042144\

PERFORMANCE RESOURCE SPECIALISTS, INC.

Mallian Address						- f 1881881 Jit 1830s Mille Marit Abier Apier Apier Apier Apier Anne erbe nate.					
Principal Place of Business Malling Address 20811 KELLY ROAD, STE. 100 20811 KELLY ROAD, STE. 10					,						
EASTPOINTE MI 48021			EASTPOINTE NO 48021					DO NOT WRITE IN THIS SP	ACE		
							-	Date Incorporated or Qualifed			1
ļ							"	05/31/1995			
2 Original 5	Nace of Business	28	2a. Mailing Address				1	I. FEI Number	7 7	Applied For	1
2. Principal Place of Business 21			26				Ĺ	`58-2191680	1	lot Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				۲.		8.75	Additional	1
22			·				_3	3. Certificate of Status Desired	Fee F	Required	1
City & State			_ City & State				6	3. Election Campaign Financing) May Be	
23			28				4	Trust Fund Contribution		to Fees	
Zip	Country	\vdash	Zip Country				8	3. This corporation owes the current year Intang	ible I You	™ No	
24	25	29					Personal Property Tax. Yes Yes 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent						Name	-10	v. Harrie and Address of Hear Registerou - gr			1
l KUK	EY, LAWRENCE M				81						4
	O PROSPERITY FARMS ROAD, S	TE. 20	. 201			Street Addre	Address (P.O. Box Number is Not Acceptable)				
PALI	M BEACH GARDENS FL 33410				83				-		1
1									e 2:-	Code	┨
•			•		84	City		FL	85 Zip	Code	_
11. Pursuant office or agent. I s	registered agent, or both, in the State im familiar with, and accept the obligat	of Florid tions of	da. Such change was al , Section 607.0505, Flor	ida Stat	utes.	the corporation	151	on submits this statement for the purpose of chaboard of directors. I hereby accept the appointm	inging it	s registered registered	
	Signature, typed or printed name of registered agen			13.	Ager	f pigrupture required	Wher	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	18
12.	. OFFICERS AN	U DIRE	DELETE	1.1 TI	TLE.				Change		
NAME	SUMNER, J. WILLIAM			12 N		İ					
STREET ADDRESS				135	REET	ADDRESS					100
CITY-ST-ZIP	GROSSE POINTE MI			1,4 C	TY-\$1	r-ZIP					<u>ا</u> و
TITLE			DELETE	2.1 ∏	TLE] Change	☐ Addition	
NAME	}			22N	AME						1
STREET ADDRESS				235	REET	ADDRESS					İ
CITY-ST-ZIP				2.40	ITY-S	T-ZIP					4
TITLE			☐ DELETE	3.1 TI				Ļ] Change	☐ Addition	
NAME				32 N		-		· · · · · · · · · · · · · · · · · · ·	- -· ·	.	1
STREET ADDRESS				1		ADDRESS					1
CITY-ST-ZIP			DELETE	₹ 3.4.0 4.1 ∏	77-5	T-ZIP			Change	Addition	1
TITLE	1		اعتداد	4.28		1		_		_	1
NAME	<u> </u>					ADDRESS					
STREET ADDRESS	1				TY-51						1
TITLE	 		DELETE	5177		'-	_	. [Change	Addition	1
NAME	}		<u> </u>	5.2 N							
STREET ADDRESS	(A) 10 10 10 10 10 10 10 10 10 10 10 10 10			5.3 8	REET	ADDRESS					1
CITY-ST-ZIP	Bases A. Sept. Actions			54 C	TY-SI	r-ZIP					1
TITLE			DELETE	6.1 ∏	īLE] Change	☐ Addition	1
NAME				6.2 N	ME						1

6.3 STREET ADDRESS

&A CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZP

14. | hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennuel 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 break improvered 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, with all other like empowered. 6/15/91 (810)773-3000

FILED Jun 22, 1999 8:00 am Secretary of State

06-22-1999 90005 018 ***150.00 07-15-1999 90016 013 ***408.75