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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000043626 (7)**

1. Corporation Name

TEAM SOLUTIONS, INC.

Principal Place of Business	Mailing Address
7575 DR. PHILLIPS BLVD. SUITE 205 ORLANDO FL 32819	7575 DR. PHILLIPS BLVD. SUITE 205 ORLANDO FL 32819

2. Principal Place of Business	2a. Mailing Address
21 406 ROSEMONT PKWY	26 406 ROSEMONT PKWY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ROSWELL, GA	28 City & State: ROSWELL, GA
24 Zip: 30076 25 Country: USA	29 Zip: 30076 30 Country: USA

3. Date Incorporated or Qualified: 06/06/1995

3a. Date of Last Report: N/A

4. FEI Number: 59-3323507 ☐ 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

MCCARTNEY, WILLIAM
7575 DR. PHILLIPS BLVD.
SUITE 205
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: GEORGE W. HABERKERN
82 Street Address (P.O. Box Number is Not Acceptable): 430 SUNDORD COURT
83
84 City: MERRITT ISLAND FL 85 Zip Code: 32953

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] [signature] 4/30/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature Required) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROUGHTON, DAN 7575 DR. PHILLIPS BLVD., SUITE 205 ORLANDO FL 32819	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR DENNIS E. BROWN 37 BASSWOOD CIRCLE ATLANTA, GEORGIA 30328-4514	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTNEY, WILLIAM 7575 DR. PHILLIPS BLVD., SUITE 205 ORLANDO FL 32819	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROUGHTON, SHEILA 7575 DR. PHILLIPS BLVD., SUITE 205 ORLANDO FL 32819	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STITT, TOBIE 7575 DR. PHILLIPS BLVD., SUITE 205 ORLANDO FL 32819	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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] 4/30/96 770-569-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE W. HABERKERN