## 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

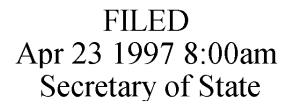
## DOCUMENT # P95000049512 (3)

THE OUTSOURCE CENTER, INC.

Principal Place of Business

Mailing Address

36 TROPIC BLVD, WEST #3





LARGO FL 3484 US	0	LARGO FL 33770-2105 US	<del>-</del> -		
00				3. Date Incorporated or Qualified 06/22/1995	3a. Date of Last Report 01/24/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
27 <b>393</b> (	6 Belle Oak Blud	26 3936 Be	LLE Oak Blud	59-3320688	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	FLORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 337	Country 25	29 33771	Country 30	8. This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032, ] Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
357 E India	Greaves, Susan e Bahia Vista dr In Rocks Beach FL 34635		84 <u>City</u>	Gulf Blub, #3  Nocks Beach	FL 85 Zip Code 85
office or re agent. I a	to the provisions of Sections but, 1997, egistered a funt, or both, in the Staty, m familiar with, and accept the obtain and accept the obtained function, typod or printed name of reposty of agent	ronques	ies, the above-harned corporati authorized by the corporati Torida Statutes	oration submits this statement for the p ion's board of directors. I hereby accep ed when reinstating)	the appointment as registered  4//8/97
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1,1 TITLE		Change Addition
NAME	HARGREAVES, SUSAN		1.2 NAME	- Out Plus H	7 705
STREET ADDRESS	357 BAHIA VISTA DRIVE		1.3 STREET ADDRESS	120 GOLL BILD +	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 3463	5	1.4 CITY-ST-ZIP	120 Gulf Blud, # Judian Rocks B	each 41 337 85
TITLE		DELFTE	2 1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHTY+ST-7IP		
TITLE _		DELETE	3 1 1HLF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		4
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TiTLE		Change Addition
NAME		<del></del>	6.2 NAME		-
STREET ADDRESS			63 STREET ADDRESS		
					•
CITY-ST-ZIP	by portify that the information cumuliard	with this films done not aus	64 CITY-ST-ZIP	d in Section 119.07(3)(i) Florida Statute	e. I further certify that the

To be the positive of the control of