

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000051044**
Corporation Name
PERSONNEL INCORPORATED

Principal Place of Business
**11 N. WESTSHORE BLVD
STE. 103
TAMPA FL 33607**

Mailing Address
**1211 N. WESTSHORE BLVD
STE. 103
TAMPA FL 33607
US**

FILED
Sep 14, 1999 8:00 am
Secretary of State
09-14-1999 90003 030 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3322074	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KNEPPER, DIANE 9823 LEMA CT NEW PORT RICHEY FL 34655				81 Name BECKER, CINDEE	
				82 Street Address (P.O. Box Number is Not Acceptable) 637 GREENGLADE LANE	
				83	
				84 City Palm Harbor FL 85 Zip Code 34684	

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.

NATURE CINDEE BECKER 9-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME VD KNEPPER, DIANE	<input type="checkbox"/> DELETE	1.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS 1211 N. WESTSHORE BLVD., STE 103		1.2 NAME	
3. CITY-STATE-ZIP TAMPA FL 33607		1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
4. NAME DST BECKER, CINDEE	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS 1211 N. WESTSHORE, STE. 103		2.2 NAME	
6. CITY-STATE-ZIP TAMPA FL 33607		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

GNATURE: CINDEE BECKER **REQUIRE**

9-10-99 (813) 282-8722

CR2E034 (5/99)

Personnel Incorporated
Our Staff has been Serving Tampa Bay Since 1983
*Administrative * Clerical Office Personnel*

September 10, 1999

PA5000051044
614931-90003-30

DIVISION OF CORPORATIONS

Annual Reports Filings

P. O. Box 1500

Tallahassee, Florida 32302-1500

RE: Personnel Incorporated

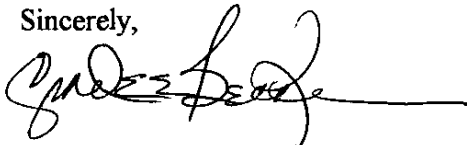
FEI Number 59-3322074

Gentlemen:

Pursuant to our conversation this date with Carolyn in the Division of Corporations, we are writing to express our shock in receiving a "2nd Notice" indicating our annual filing fee to be \$550.00. As indicated to Carolyn, we did not recall receiving the first notice, and reflected on past problems we have encountered due to improper processing of our change of address from 550 Reo Street, Tampa, Florida. Carolyn instructed us to remit the original \$150.00 filing fee which is enclosed, and she indicated if there were any further adjustments we would be contacted, however, she also indicated our corporation would not be dissolved without further communication from your office.

Thank you very much for your understanding.

Sincerely,



Cindee Becker, President
Personnel Incorporated