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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90115 048 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000051976

1. Corporation Name
ACCORD HUMAN RESOURCES OF FLORIDA II, INC.



Principal Place of Business
**3922 CEDAR CAY CIRCLE
 VALRICO FL 33594**

Mailing Address
**P.O. BOX 3194
 BRANDON FL 33509
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/29/1995

2. Principal Place of Business
21 410 WARE BLVD.

2a. Mailing Address
26 210 PARK AVENUE

4. FEI Number
59-3324219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 SUITE 716

27 SUITE 1200

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State

City & State

8. This corporation owes the current year intangible Personal Property Tax. Yes No

23 TAMPA, FLORIDA

28 OKLAHOMA CITY, OKLAHOMA

Zip

Zip

Country

24 33619

Country
25 HILLSBOROUGH

Zip

Country
30 OKLAHOMA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, JOHN L
 3922 CEDAR CAY CIRCLE
 VALRICO FL 33594**

81 Name JONES, JOHN L.
82 Street Address (P.O. Box Number is Not Acceptable) 410 WARE BLVD.
83 SUITE 716
84 City TAMPA FL 85 Zip Code 33619

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 **JOHN L. JONES, PRESIDENT** **04/21/99**
Signature typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS <input type="checkbox"/> DELETE	1.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JOHN L	1.2 NAME	HAGEMAN, DALE
STREET ADDRESS	3922 CEDAR CAY CIRCLE	1.3 STREET ADDRESS	210 PARK AVENUE, SUITE 1200
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73102
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	JONES, JOHN L.
STREET ADDRESS		2.3 STREET ADDRESS	410 WARE BLVD., SUITE 716
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PRICE, FORD C. JR.
STREET ADDRESS		3.3 STREET ADDRESS	210 PARK AVENUE, SUITE 1200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN L. JONES,** **04/21/99** **(813) 620-3376**
Signature typed or printed name of signing officer or director Date Daytime Phone #
PRESIDENT

CR2E034 (11/98)