

PROFIT
CORPORATION
ANNUAL REPORT
2000

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

DOCUMENT # P95000084502 (D)

1. Corporation Name

Professional Employment Services Inc.

Principal Place of Business

Mailing Address

 7140 Queenferry Circle
 Boca Raton Fl. 33496

 7140 Queenferry Circle
 Boca Raton Fl. 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/3/93

4. FEI Number

65-0624924

Applied

Not App

5. Certificate of Status Desired ☐

\$8.75 Addit

Fee Required

6. Election Campaign Financing ☐

\$5.00 May

Trust Fund Contribution

Added to Fee

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 Weiss, Steven M.
 7140 Queenferry Circle
 Boca Raton Fl 33496

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 P/S/T/D
 Weiss, Steven M
 7140 Queenferry Circle
 Boca Raton, Fl 33496
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Weiss President

3/21/00

407-487-744

(1) Ann

(2) Section 1, Chapter 607