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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000094660 (4)

1. Corporation Name
CHC MANAGEMENT & STAFFING SERVICES, INC.



Principal Place of Business: 3545 ST. JOHNS BLUFF ROAD SOUTH STE 4 JACKSONVILLE FL 32224
Mailing Address: 3545 ST. JOHNS BLUFF ROAD SOUTH STE 4 JACKSONVILLE FL 32224-2615

3. Date Incorporated or Qualified: 12/07/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 1207 Salt Creek Island Dr.
2a. Mailing Address: 1207 Salt Creek Island Dr.
21. State, Apt. #, etc.
22. City & State: Ponte Vedra Beach, FL
23. Zip: 32082
24. Country: US
25.
26.
27.
28. Ponte Vedra Beach, FL
29. Zip: 32082
30. Country: US
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent: THOMPSON, WILLIAM L JR. ONE INDEPENDENT DRIVE SUITE 3131 JACKSONVILLE FL 32202
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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] DATE: [Date]

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City, St, Zip.

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] David W. Carroll 2/24/97(904)273-0257

CR2E034 (9/96)