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FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054877 (1)

1. Corporation Name

EW PERSONNEL SERVICES, INC.



Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVENUE TENTH FLOOR SARASOTA FL 34236	240 S. PINEAPPLE AVENUE TENTH FLOOR SARASOTA FL 34236-6717

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 322 EAST PINE ST.		26 PO BOX 8225		06/27/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3397917		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 LAKELAND FL		28 LAKELAND FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 33802		25 USA		29 33802		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

DAVIDSON, DALE S
240 S. PINEAPPLE AVENUE
TENTH FLOOR
SARASOTA FL 34236

81 Name ERNEST H. MAYO
82 Street Address (P.O. Box Number is Not Acceptable)
322 EAST PINE ST.
83 LAKELAND FL
84 City
85 Zip Code 33802

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 *Ernest H. Mayo*

Signature, typed or printed name of registered agent (with title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

4-24-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SECRETARY/D/S
NAME	MAYO, ERNEST H	1.2 NAME	MAYO, ERNEST H.
STREET ADDRESS	815 CEDAR STREET	1.3 STREET ADDRESS	322 EAST PINE ST.
CITY-ST-ZIP	BEAUFORT NC 28516	1.4 CITY-ST-ZIP	LAKELAND FL 33802
TITLE	D	2.1 TITLE	PRESIDENT/D/P
NAME	MAYO, WENDY H	2.2 NAME	MAYO, WENDY H.
STREET ADDRESS	815 CEDAR STREET	2.3 STREET ADDRESS	322 EAST PINE ST.
CITY-ST-ZIP	BEAUFORT NC 28516	2.4 CITY-ST-ZIP	LAKELAND FL 33802
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

4-24-97

941-680-1956

CR2E034 (9/96)