

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000012818 (5)**

1. Corporation Name  
**ALLIANCE EMPLOYEE LEASING, INC.**



Principal Place of Business  
**700 SOUTH BARRACKS STREET  
PENSACOLA FL 32501**

Mailing Address  
**POST OFFICE BOX 12781  
PENSACOLA FL 32575**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/07/1997**

4. FEI Number  
**59-3421469**

Applied For  
☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
**21 15 W. Strong Ste. 17B**  
Suite, Apt. #, etc.  
**22 Ste. 17B**  
City & State  
**23 Pensacola FL**  
Zip  
**24 32501** Country  
**25 USA**

2a. Mailing Address  
**26 P.O. BOX 13153**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 Pensacola FL**  
Zip  
**29 32591** Country  
**30 USA**

9. Name and Address of Current Registered Agent

**PATE, MICHAEL L  
700 SOUTH BARRACKS STREET  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name **PATE, MICHAEL L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15 W. STRONG ST, Ste 17B**  
83  
84 City **PENSACOLA** FL 85 Zip Code **32501**

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>Michael L. Pate</b>
1.4 CITY-ST-ZIP	<b>6520 Ard Rd. Pensacola FL 32526</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Scott B. Miller</b>
2.4 CITY-ST-ZIP	<b>807 Via DeLuna Pensacola Beach FL 32561</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Michael L. Pate* MICHAEL L. PATE 3/31/98 850-436-8084

CR2E034 (10/97)