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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046867 (2)

PRIORITY OUTSOURCE, INC.

Principal F	Place of	Business
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Mailing Address

FILED May 14 1998 8:00am Secretary of State



4820 PARK BA			4820 PARK BOULEVARD PINELLAS PARK FL 34885		DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualified 05/27/1997 			
1	lace of Business	2a, Mailing Addres	ss			4. FEI Number 59 · 345 - 138	5		Applied For Not Applicable
Suite, Apt. #, etc.		27	- 			5. Certificate of Status Desired X \$8.75 Addit Fee Require			
3	City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 14	Country 25	Zip 29	30	ountry		This corporation owes or has pa Personal Property Tax due June	30.	Yes	Intangible No
	9, Name and Address of Curr	rent Hegistereu Agent		81	Name	10. Name and Address of New Re	gistered A	.gent	
	CONNOR, PATRICK	IOD DA		82					
181) PATEL, MOORE & O' CONN 187 U.S. HIGHWAY 19 NORTH				Street Add	dress (P.O. Box Number is Not Acceptab	ole) 		
CLEARWATER FL 34624			84	City		FI	85 7	ip Code	
11. Pursuant t office or re agent. I as	to the provisions of Sections 607.0 egistored agent, or both, in the Sta m familiar with, and accept the ob-	502 and 607.1508, Florida ite of Florida. Such chang ligations of, Section 607.0	Statutes, the e was authori 505, Florida S	abov zed by statute	e-named cor the corpora s.	poration submits this statement for the patients board of directors. I hereby accept	ourpose of	changin ointment	ng its registered as registered
SIGNATURE	Signature typed or preced name of registered					ired when reinstating)	DATE		
12.		AND DIRECTORS	1			ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	D	DELI	ETE 1.	TITLE			- 7,	Chang	ge 🔲 Addition
NAME	DIVINCENZO, JUDY		1.3	2 Name					
STREET ADDRESS	145 7TH AVENUE NORTH		13	3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 3370			CITY-S	1- ZIP				
TITLE	D	DELI	ETE 2.	1 TITLE	}			Chang	ge 🔲 Addition
NAME	OBERDING, JOHN W			2 NAME					
STREET ADDRESS	4820 PARK BLVD.				ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL 34665	□ D£Li		4 CITY-	ST - ZIP		·	Chang	an Addition
TITLE		U tti		1 TITLE 2 NAME				chang	ge Addition
Name Street address					ADDRESS				
CITY-ST-ZIP				4. CITY -					
TITLE		☐ DELI		1 TITLE	VI_EII			Chan	ge Addition
NAME			- 1	2 NAME	1				-
STREET ADDRESS			4.3	3 STREET	ADDRESS				
CITY-ST-ZIP			4.0	4 <u>C(TY</u> - S	ST-ZIP				
TITLE		DELI	ETE 5.	TITLE				Chan	ge 🗌 Addition
NAME			5.3	2 NAME	Į				
STREET ADDRESS			5.0	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	17-21P				
TITLE		☐ DELI	ETE 6.º	1 TITLE				Chang	ge 🗌 Addition
NAME			6:	2 NAME					
STREET ADDRESS			6.5	3 STREET	ADDRESS				
CITY-ST-ZIP			6.4	4 CITY-S	iT - <u>ZIP</u>				

14. Thereby 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.

CIGNATURE.

hidest a disk

lies,

813-545-0373