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Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055929 (8)

1. Corporation Name

SOUTHWEST FLORIDA PAYROLL SERVICES, INC.

Principal Place of Business

Mailing Address

2265 TAMiami TRAIL, STE. B  
PORT CHARLOTTE FL 33952-3947

2265 TAMiami TRAIL, STE. B  
PORT CHARLOTTE FL 33952-3947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0777392	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENCK, THOMAS E  
2265 TAMiami TRAIL, STE. B  
PORT CHARLOTTE FL 33952-3947

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	PRESIDENT
NAME	KAREN L. WENCK	1.2 NAME	KAREN L. WENCK
STREET ADDRESS		1.3 STREET ADDRESS	2265 TAMiami TR, SUITE B
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE		2.1 TITLE	V-PRES
NAME		2.2 NAME	THOMAS E. WENCK
STREET ADDRESS		2.3 STREET ADDRESS	2265 TAMiami TR, SUITE B
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
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 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:



4-20-98 (941) 255-1158

CR2E034 (10/97)