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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089276 (4)

PROFESSIONAL STAFF MANAGEMENT OF SOUTHWEST FLORI DA, INC.

Principal Place of Business	Mailing Address			
1520 ROYAL PALM SOUARE BLVD STE. 210 FT. MYERS FL 33919	1520 ROYAL PALM SQUARE BLVD., STE. 210 FT. MYERS FL 33919			

FILED May 08 1998 8:00am Secretary of State



			520 ROYAL PALM SQUARE BLVD., STE. 210 Ft. Myers fl 33919		STE. 210				
						DO NOT WRITE IN THIS SPA	ACE		
						3. Date Incorporated or Qualified		}	
						10/16/1997			
2. Principal Place of Business 2a. Mailing Address			Address			4. FEI Number		plied For	
2126			L			65-0792467		t Applicable	
Suite, Apt. #, etc.		₁	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
27									
			ity & State			6. Election Campaign Financing	\$5.00 May Be		
28				Country		Trust Fund Contribution			
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No			
24	25		29 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curr	ent Hegistered Ag	ent	8	Name	10. Name and Address of New Addistered Ag	10111		
	BBART, KEVIN J			ا	IValle				
	10 2ND ST., STE. 970			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
SAI	rasota fl 34236				 				
				8:	'				
				B-	City		85 Zip C	Code	
						<u> </u>	Щ		
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508,	Florida Statutes	, the abo	ve-named o	corporation submits this statement for the purpose of cloration's board of directors. I hereby accept the appoin	hanging its ntment as	s registered registered	
agent. I a	m familiar with, and accept the obli	igations of Section	607.0505, Flori	da Statut	98.	oration board of birociation money accept the epper-			
SIGNATURE	:								
Oldititions	Signature, typid or printed name of registured a		(NOIE-I		gent signature r	required when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	T pri cre	13.		ADDITIONS/CHANGES TO OFFICERS AND D	_	S IN 12 Addition	
TITLE	ĈEO	•	DELETE	1.1 TITLE		L	_] Change	☐ Addition	
NAME	Kevin J. Hubbart			1.2 NAME					
STREET ADDRESS	1520 Royal Palm S	quare Blvd	. #210	1.3 STRE	1 ADDRESS				
CITY-ST-ZIP	Ft. Myers, Florid	- 22010		1.4 CITY			7		
TITLE	20,,020, 12011		DELETE	2.1 TITLE		<u> </u>	Change	Addition	
NAME				2.2 NAM8				ļ	
STREET ADDRESS				2.3 STRE	T ADDRESS				
CITY-ST-ZIP				2. 4 CITY	- ST - ZIP		-		
TITLE	_		DELETE	31 TITLE		Ŀ	Change	☐ Addition	
NAME				3.2 NAM				}	
STREET ADDRESS				3.3 STRE	ET ADDRESS				
CITY-ST-ZIP				3 4. CITY	- ST - ZIP				
TITLE			DELEŤE	4 1 TITLE		L	Change	Addition	
NAME				4 2 NAM	E				
STREET ADDRESS				4.3 STRE	ET ADDRESS				
CITY-ST-ZIP				4.4 CiTY	ST-ZIP	·			
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAM					
STREET ADDRESS				5.3 STRE	ET ADDRESS				
CITY-ST-ZIP				5.4 CITY					
TITLE			DELETE	6.1 TITLE			Change	☐ Addition	
NAME		'		6,2 NAMI	1		-		
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				6.4 CITY	-31-2II'				

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 charged, or on an attachment with an address.

K

Kevin Hubbart