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 # P97000103218 (8)

AMERIFORCE PERSONNEL SERVICES, INC.

FILED Apr 23 1998 8:00am Secretary of State



Filincipal Flace of business		Maning Address				
98 CROSSROADS BLVD #201		96 CROSSROADS BLVD #201				
SAN ANTONIO TX 78201		SAN ANTONIO TX 78201		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
ļ					N THIS SPACE	
ŀ				3. Date Incorporated or Qualified		
:				12/09/1997		
2. Principal Pla	ce of Business	2a. Mailing Address	200 200	4. FEI Number	Applied For	
21		26. P.O. BUX 290309			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Continuate of Citation Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28 San Antonic		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country U.S	8. This corporation owes or has paid	the current year Intaggible	
24	25	29 78280-1709 30	U O	Total Control of the		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent	
GRAEBER, HENRY 81 Name						
	FOX HILL CIR 203		B2 Street	Address (P.O. Box Number is Not Acceptable	<u>, </u>	
	PKA FL 32703		23	32 Sweetwater CC P	DL	
,,,,	1,0112 02.00		83	303310-101-0		
			L			
			84 City /	DOPKA	El 85 Zip Code	
dd Dura and to	the previous of Fastians 607.060	2 and CO7 1CO9 Florida Clatidas	the above named		rease of shapping its registered	
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.						
agent. I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.						
SIGNATURE						
	gnature, typed or printed numb of registered age			required when reinstating)	DATE DISECTORS IN 40	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition	
TITLE		_ beere		TERRELL Diamond	C custile	
NAME			1.2 NAME	96 Crossroads Bivd # 201		
STREET ADDRESS					Į.i	
CITY-ST-ZIP	L			San Antonio, TR Traol		
TITLE	•	DELETE	21 TITLE	V	Change Addition	
NAME	:		2.2 NAME	William Diamond 96 crossroads 1314 #201		
STREET ADDRESS		:	2.3 STREET ADDRESS			
CITY-ST-ZIP	전		2. 4 CITY - ST - ZIP	San Antonio, TX Traol		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		Į.	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		ŀ	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4, 2 NAME		_ , _	
STREET ADDRESS			4.3 STREET ADDRESS			
.CITY-ST-ZIP		DELETE	4.4 CITY-S1-ZIP		Change Addition	
TITLE		T) DELETE	5.1 TITLE	-04/24/380103		
NAME			5.2 NAME		J U00	
. STREET ADDRESS			5.3 STREET ADDRESS	** * 308.08	l	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		06	
STREET ADDRESS			6.3 STREET ADDRESS		PE	
					U . Z ?	

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 supplienced 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.

4-11-98 210-713-32W