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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000065941

1. Corporation Name

NATIONAL EMPLOYEE LEASING AGENTS, INC.

_	
Principal Place of Business	
2744 J&C BLVD.	
NAPLES FL 34109	-
MAPLES PL 34109	

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90030 043 \*\*\*150.00



Principal Place of Business  2471  2744 J&C BLVD.  NAPLES FL 34109  Mailing Address  2471  2744 J&C BLVD.  NAPLES FL 34109  NAPLES FL 34109						DO NOT WR  3. Date Incorporated or Qualifed		S SPACE		]	
		Do Marillan Adda				$-\!\!\!\!+$	07/28/1998 4. FEI Number			nnlind For	-
	lace of Business	2a. Mailing Address					4. FEI Number			pplied For ot Applicable	-
21	<del></del>	26									-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional equired	
City & Stat	e	City & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip 30	Cour	ntry			<ol><li>This corporation owes the cur Personal Property Tax.</li></ol>	rent year In	tangible Yes	□No	
	. 9. Name and Address of Currer					1	0. Name and Address of New	Registered	Agent		]
BEAL, MICHAEL F 4532 E. TAMIAMI TRAIL SUITE 400 NAPLES FL 34112			82 5	Name Street A	Roe ddress	SENT GOMES (P.O. Box Number is Not Accept  JEC BLVD.	able)			4	
			Ī	84 (	City			Fl	85 Zip	Code 1109	
11. Pursuant office or a agent 4-a SIGNATURE	to the provisions of Sections 697.050 egistered agent, or both, in the State on familiar with, and are on the obliga Signature, types or printed name or registered age	of Florida. Such change was auth	onzed a Statu	by the	e corpor	ration s	tion submits this statement for the board of directors. I hereby acce	ourpose o	f changing its	s registered	
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12	] }
TITLE	D	☐ DELETE	1.1 TIT	Œ		P/	D		Change	☐ Addition	] ;
NAME	GOMES, ROBERT		1.2 NA	ME		Ron	BERT GOMES				1:
STREET ADDRESS	2744 J&C BLVD.		1.3 STI	REET AD			17 JEC BLUD.				18
CITY-ST-ZIP	NAPLES FL 34109		1.4 CIT	Y-ST-ZI	IP	NAY	OLES, FL 3410	9			J 8
TITLE		☐ DELETE	2.1 TIT	LE		5			Change	Addition	] '
NAME			2.2 NA	ME	-	TAU	ARA GOMES				
STREET ADDRESS	23 STREET A		REET AC	DRESS	247	7 JEC BLUD.				l	
CITY-ST-ZIP			2. 4 ÇI	TY-ST-Z	'JP	NAK	LES, FL 341	09			
TITLE		DELETE	3.1 TIT	Ί.Ε			•		Change	☐ Addition	-
NAME			3.2 NA	ME							
STREET ADDRESS			3.3 ST	REET AD	DRESS						
CITY-ST-ZIP			3.4. CF	TY-ST-Z	IP I						4
TITLE		DELETE	4.1 TIT	ΊE					Change	☐ Addition	ĺ
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STI	REET AD	DRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	P						1
TITLE		☐ DELETE	5.1 TT						☐ Change	☐ Addition	1
NAME			5.2 NA								
STREET ADDRESS				REET AD	1						
CITY-ST-ZIP				Y-ST-Z	P						1
TITLE		☐ DELETE	6.1 TIT	LE					Change	☐ Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REETAD	DRESS						
,			0.400								

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 of the regoiver or trastile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12-tf changed, or on an attachment with an address, with all other like empowered. C(TY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED BE PRIMTED NAME OF SIGNING OFFICER OR DIRECTOR