**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOGOGOGEOG7

1, Corporation	R ELITE PERSONNEL, INC.			ł				
Principal Place	of Business	Mailing Address		- ,				
3015 46TH AVE	, N.	3015 46TH AVE. N.			1			
ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed			
					07/24/1998		1	
2 Principal D	lace of Business	2a. Mailing Address			4 CEI Number	Ao	plied For	
	ace or business	26			59 3530902	No	Applicable	
Suite, Apt.	#. etc.	Sulte, Apl. #, etc.				\$8.75 A	dditional	
22	.,,	27			5. Certificate of Status Desired	Fee Re	quired	
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	_	28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Count	y	8. This corporation owes the current year Inte		a	
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Agent		al	10. Name and Address of New Registered A	.gent		
EINIV	DIAMA		8	1 Name				
Fink, Diana 3015 46th ave. N.		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)				
	PETERSBURG FL 33714		-					
) 31.1	retendona i c 33) 14		8	3)			}	
•			8	4 City	FL	85 Zip C	ode	
					nametics automite this statement for the number of	hanging its	ragistered	
office or r	egistered agent, or both, in the State	of Florida, Such change was a	uthorized b	y the corporal	non's board of directors. I hereby accept the appoint	tment as rec	gistered	
agent. I a SIGNATURE	MANNIE P	N 111110			poration sporting this statement to the purpose sion's board of directors. I hereby accept the appoint of when releasing)	78		<b>≈</b>
SIGNATURE	Signature, typed or perilled name of registered agen	n and title if applicable (NOTE			red when reinstarcing) DATE	18.		(86)
ł	Signature, typed or perilled name of registered agen	N 111110	Registered Age	ent signature requ	1//0/	18.		(11/98)
SIGNATURE	Signature, typed Criminad name of resistened agen OFFICERS AN	IT and IN Applicable (NOTE)	Registered Ap	ent signature requi	red when reinstarcing) DATE	DIRECTO		34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, hypotherisal name of redistated agent OFFICERS AN	IT and IN Applicable (NOTE)	13. 1.1 FITLE 1.2 NAME	ent signature requi	red when reinstarcing) DATE	DIRECTO		E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, type Competited name of installated again OFFICERS AN PTD FINK, DIANA	IT and IN Applicable (NOTE)	13. 1.1 FITLE 1.2 NAME	ent signature requir	red when reinstarcing) DATE	DIRECTO	RS IN 12	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, type of the parties of installand again OFFICERS AN PTD FINK, DIANA 3015 46TH AVE. N.	IT and IN Applicable (NOTE)	13. 1.1 FITLE 1.2 NAME 1.3 STREE	ent signature requirement signature requirement for the signature	red when reinstarcing) DATE	DIRECTO		CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, hypother-period name of instalated again OFFICERS AN PTD FINK, DIANA 3015 46TH AVE. N. ST. PETERSBURG FL 33714 VSD	III and title if applicable  (NOTE  (NOTE  (D DIRECTORS	13. 1.1 FITLE 1.2 NAME 1.3 STREE	ent signature requi	red when reinstarcing) DATE	DIRECTOR Change	RS IN 12	CR2E034 (11/98)
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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 expressed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

6.4 CHTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90233 004 \*\*\*150.00