

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S24254** (2)
1. Corporation Name
PERSONNEL RESOURCES, INC.



Principal Place of Business 2850 DOUGLAS RD. CORAL GABLES FL 33134	Mailing Address 2850 DOUGLAS RD. CORAL GABLES FL 33134-6901
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3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 04/30/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0237996	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CUETO, WILLIAM F 2850 DOUGLAS RD. CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent	
81 Name Elizabeth J. Keeler, Secretary	
82 Street Address (P.O. Box Number is Not Acceptable) 2850 Douglas Road	
83	
84 City Coral Gables	85 Zip Code FL 33134

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: *Elizabeth J. Keeler* **Elizabeth J. Keeler**, **1/15/97**
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 PD	LIGHT, STEVEN R.	1.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2850 DOUGLAS RD.	1.2 NAME Elizabeth J. Keeler	
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE D	LIGHT, RICHARD B.	2.1 TITLE Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2850 DOUGLAS RD.	2.2 NAME Stephen L. Waechter	
STREET ADDRESS	CORAL GABLES FL 33134	2.3 STREET ADDRESS 2850 Douglas Road	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Coral Gables, FL 33134	
TITLE P	SALADRIGAS, CARLOS A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2850 DOUGLAS RD.	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VP	SANCHEZ, JOSE M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2850 DOUGLAS RD.	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE S	HARRIS, CHRISTINA D ESQ	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2850 DOUGLAS RD.	5.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE TS	PEREZ, MARTIN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2850 DOUGLAS RD.	6.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information shown on 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: *Elizabeth J. Keeler* **Elizabeth J. Keeler** **1/15/97** **(305) 460-2364**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CP2E034 (9/96)