

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S68857 (9)**

1. Corporation Name
ACCORD PERSONNEL INC.



Principal Place of Business Mailing Address
710 OAKFIELD DR #201
BRANDON FL 33511
US
4040 W WATERS AVE
SUITE 800
TAMPA FL 33614
US

2. Principal Place of Business 2a. Mailing Address
 21 **4040 W. WATERS** 26
 Suite, Apt #, etc Suite, Apt #, etc
 22 **Suite # 800** 27
 City & State City & State
 23 **TAMPA FL** 28
 Zip Country Zip Country
 24 **33614** 25 **US** 29 30

3. Date Incorporated or Qualified **07/26/1991** 3a. Date of Last Report **06/20/1995**
 4. FEI Number **39-1650549** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BUNTIN, CHERYL
710 OAKFIELD DRIVE, #201
BRANDON FL 33511

10. Name and Address of New Registered Agent
 81 Name **DON DYSLAND**
 82 Street Address (P.O. Box Number is Not Acceptable) **164 4th AVE N.**
 83
 84 City **TIERRA VERDE FL** 85 Zip Code **33715**

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 *[Signature]* 6/6/96

12. OFFICERS AND DIRECTORS

TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	BUNTIN, CHERYL	
STREET ADDRESS	14535 BRUCE B. DOWNS BLVD, 2217	
CITY - ST - ZIP	TAMPA FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	BUNTIN, CHERYL	
STREET ADDRESS	14535 BRUCE B. DOWNS BLVD, 2217	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DON DYSLAND	
13 STREET ADDRESS	164 4th AVE N.	
14 CITY - ST - ZIP	TIERRA VERDE FL 33715	
21 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DON DYSLAND	
23 STREET ADDRESS	164 4th AVE N.	
24 CITY - ST - ZIP	TIERRA VERDE FL 33715	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 6/6/96 (813) 880-9314
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)