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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED	
Mar 20 1998 8:00am	ì
Secretary of State	

ACCOR	D PERSONNEL INC.				
Principal Place	e of Business	Mailing Address		- I (ODADIO ILA DILA BORNI IDIDI OLIVI IDDI DIDI	BIBN 818N BIBN BIBN GIBN 1881
4040 W WATE		4040 W WATERS AVE			
SUITE 800	no	SUITE 800		DO NOT WOITE IN T	LUC CDACE
TAMPA FL 336	514	TAMPA FL 33614		DO NOT WRITE IN T	HIS SPACE
US		US		1 -	
Oringinal Pi	ace of Business	2a. Mailing Address		07/26/1991 4. FEI Number	Applied For
	ace of cosmess	26		59-3076780	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,	Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	B1 Name	10, Hame and Address of Herr Registe	ten Våetir
	SLAND, DON		J. Hallio		
	4TH AVE N		B2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
TIEF	RRA VERDE FL 33715		83		
			B4 City		FL 85 Zip Code
44 Durevent	to the provisions of Sections 607 050	12 and 607 1508 Florida Statute	es the above-named corr	poration submits this statement for the purpo	se of changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	authorized by the corporat	ion's board of directors. I hereby accept the	appointment as registered
agent. Las	m familiar with, and accept the oblig	lations of, Section 607.0505, Fig	inda Statutes.		
SIGNATURE	Stonature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Agent signature reguli	red when reinstating) DA	TE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PV	DELETE	1,1 TITLE		Change Addition
NAME	DYSLAND, DON	•	1.2 NAME		
STREET ADDRESS	164 4TH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2 1 TITLE		Change Addition
NAME	ADAMS, MICHELE		2.2 NAME		
STREET ADDRESS	4015 BAYSHORE BLVD. STE	7A	2.3 STREET ADDRESS	·	•
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Douge	3 4. CITY - ST - ZIP		Change Addition
TATLE		L DELETE	4.1 THILE		CT CHANGE CT Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP		☐ DELE TE	4.4 CiTY-ST-ZIP		Change Addition
TITLE			5.1 TITLE		C CHANGE C MOUNTED
NAME STORES ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY-ST-ZIP 6.1 TITLE		Change Addition
NAME			62 NAME		
t I			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	sertify that the information supplied y	with this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes, I furthe	er certify that the information

r nereby certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 ecover or trustice 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 or an attachment with an address.