

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V09728** (9)

1. Corporation Name  
**SELECT PERSONNEL SERVICES, INC.**



Principal Place of Business <b>13205 US HWY ONE SUITE 530 JUNO BEACH FL 33408 US</b>		Mailing Address <b>13205 U.S. HWY ONE SUITE 530 JUNO BEACH FL 33408 US</b>		3. Date Incorporated or Qualified <b>01/27/1992</b>	3a. Date of Last Report <b>04/28/1995</b>
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>65-0315929</b>		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

<b>BISING SHAWN I.</b> <b>13205 U.S. HWY 1</b> <b>SUITE 530</b> <b>JUNO BEACH FL 33408</b>		81. Name <b>BISING, SHAWN I</b>
<i>Spelled correctly below!?!?</i>		82. Street Address (P.O. Box Number is Not Acceptable)
		83.
		84. City
		85. Zip Code

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 **SHAWN I. BISING** *[Signature]* **4/29/96**  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when filing initial) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISING, SHAWN I.</b>	1.2 NAME	
STREET ADDRESS	<b>13205 U.S. HWY ONE, #530</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISING, GUY C.</b>	2.2 NAME	
STREET ADDRESS	<b>13205 U.S. HWY ONE, #530</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* APRIL 23, 1996 (407) 626-9637  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)

*[Handwritten initials]*  
5-11-96