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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V16164

(8)

PREFERRED PERSONNEL, INC.

FILED
Apr 22 1997 8:00am
Secretary of State



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1304 004	Place of Business	Mailing Addre				And the second of the second section of the se		
1704 SOUTHSIDE BLVD SUITE B JAKCSONVILLE FL 32218 JACKSONVILLE FL 32216-0305								
				2216-0305				——————————————————————————————————————
US		U\$			3.	Date Incorporated or Qualified	Sa. Date of Li	
						02/17/1992	04/16/1	_
- 1	al Place of Business	28. Maiting Ad	dress		4.	FEI Number	<u> </u>	Applied For
Suite A		26 Suite, Apt.	# etc			59-3055575		Not Applicab 75 Additional
2	4. W. D.C.	27	<i>"</i> , 0.0.		5.	Certificate of Status Desired	1 1 7	e Required
City & 9	State	City & State	9		6.	Election Campaign Financing	\$5	.00 May Be
3		28				Trust Fund Contribution		ded to Fees
Ζip	Country	Zip		Country	8.	This corporation has liability for i	_ ~	der s. 199.032,
<u> </u>	[25]	29	30				Yes No	
	9. Name and Address of t	Current Registered Agen	·	81 Na	ime	Name and Address of New Re	gistered Agent	
	PRICE, PATRICIA L	7F A		[] INS	a 116			
	1704 SOUTHSIDE BLVD SUIT	it 8		82 Str	eet Address (f	O. Box Number is Not Acceptab	le)	
	STE 3A JAKCSONVILLE FL 32216			83	*********			
	JANCSUNVILLE FL 32210							
				84 Ci	ty		FL 85	Zip Code
BIGNATUI 2.	Signal we typico or printed name of regist				nature required whe	L. Price ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	TORS IN 12
12. 	OFFICER	The state of the s		1 TITLE		ADDITIONS/CHANGES TO OFFIC	Ch	
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li:LF			DELETE 2.1	4 CITY - ST - ZIP	ſ	- Address of the State of the S	☐ Ch	ange 🔲 Additio
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. I do 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 inclinated 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 other or director of the corporation or the receiver or trustee of howered 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 withyar address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

4159

904-7614-3396