

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V24352** (9)  
1. Corporation Name  
**PROFESSIONAL EMPLOYEE MANAGEMENT, IV, INC.**



Principal Place of Business <b>3639 CORTEZ RD W STE. 200 BRADENTON FL 34210 US</b>	Mailing Address <b>3639 CORTEZ RD W STE. 200 BRADENTON FL 34210-3158 US</b>
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3. Date Incorporated or Qualified <b>03/25/1992</b>	3a. Date of Last Report <b>05/28/1996</b>
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2. Principal Place of Business <b>21 Professional Employee Management, Inc. Suite, Apt. #, etc. 1819 Main Street 8th Floor City &amp; State Sarasota, FL 34236 Zip 34236 Country US</b>	2a. Mailing Address <b>27 Professional Employee Management, Inc. Suite, Apt. #, etc. 1819 Main Street 8th Floor City &amp; State Sarasota, FL 34236 Zip 34236 Country US</b>
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4. FEI Number <b>65-0334982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DOCKERY, CELESTE 314 RINGLING POINT DR SARASOTA FL 34234</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD-CEO</b>	<input type="checkbox"/> DELETE
NAME <b>DOCKERY, CELESTE D.</b>	
STREET ADDRESS <b>6416 28TH AVE E</b>	
CITY-ST-ZIP <b>BRADENTON FL 34210</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>YOUNG, ROY</b>	
STREET ADDRESS <b>3639 CORTEZ RD W</b>	
CITY-ST-ZIP <b>BRADENTON FL 34210</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>NEUHIZUSER, JON</b>	
STREET ADDRESS <b>3639 CORTEZ RD W</b>	
CITY-ST-ZIP <b>BRADENTON FL 34210</b>	
TITLE <b>VP-President</b>	<input type="checkbox"/> DELETE
NAME <b>FEDDER, DARRIN J.</b>	
STREET ADDRESS <b>3639 CORTEZ ROAD WEST</b>	
CITY-ST-ZIP <b>BRADENTON FL 34210</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TOLLERTON, JIM</b>	
STREET ADDRESS <b>3639 CORTEZ ROAD WEST</b>	
CITY-ST-ZIP <b>BRADENTON FL 34210</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>1819 Main Street</b>	
1.4 CITY-ST-ZIP <b>Sarasota FL 34236</b>	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS <b>1819 Main Street</b>	
2.4 CITY-ST-ZIP <b>Sarasota FL 34236</b>	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>1819 Main Street</b>	
3.4 CITY-ST-ZIP <b>Sarasota FL 34236</b>	
4.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS <b>1819 Main Street</b>	
4.4 CITY-ST-ZIP <b>Sarasota FL 34236</b>	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS <b>1819 Main Street</b>	
5.4 CITY-ST-ZIP <b>Sarasota FL 34236</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Jim Tollerton* **CR2E034 (9/96)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/4/97 Daytime Phone # 941-957-1444 4/28/97