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

PROFIT CORPORATION ANNUAL REPORT

**1997**

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

FILED
97 JUN 17 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40457** **(6)**

1. Corporation Name
**HUMAN RESOURCE ONE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 601 S LAKE DESTINY DR #250<br>MAITLAND FL 32751<br>US | 601 S LAKE DESTINY DR #250<br>MAITLAND FL 32751-7262<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 1016 W 9th Ave. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 Attn: Tax Dept |
| City & State<br>23 | City & State<br>28 King of Prussia, PA |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 19406 / 30 USA |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>06/02/1992 | 3a. Date of Last Report<br>02/27/1996 |
| 4. FEI Number<br>59-3123402 | Applied For ☐<br>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. 199.032, Florida Statutes ☐ Yes ☐ No | |

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

~~BYRD, BARRY~~
~~601 S. LAKE DESTINY DR., SUITE 250~~
~~MAITLAND FL 32751~~ CT Corporation System
1200 South Pine Island Rd
Plantation FL 33324

**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

**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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT ~~SECRETARY~~ 6-16-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>VERMILLION, BONNIE<br>601 SOUTH LAKE DESTINY DRIVE, SUITE 250<br>MAITLAND FL 32751 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | V<br>Brad Behr | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPST<br>BYRD, BARRY<br>601 SOUTH LAKE DESTINY DRIVE, SUITE 250<br>MAITLAND FL 32751 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V I D<br>Arthur Locilento | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CRAWFORD, TINA<br>601 SOUTH LAKE DESTINY DRIVE, SUITE 250<br>MAITLAND FL 32751 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S<br>Marie Martino | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BAUER, MARJORIE<br>601 SOUTH LAKE DESTINY DRIVE, SUITE 250<br>MAITLAND FL 32751 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | All Located @<br>1016 W 9th Ave<br>King of Prussia, PA 19406 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | 000002216380 7147<br>-06/18/97--01108--004<br>****165.00 ****165.00 | ☐ Change ☐ Addition |

CR2E034 (9/96)

**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: [illegible] 5-3-97