

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

FILED
May 12 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1997

DOCUMENT # P94000087420 (3)

1. Corporation Name
LABOR-COST MANAGEMENT, INC.



Principal Place of Business
**123 STAFF RD
 FORT WALTON BEACH FL 32548
 US**

Mailing Address
**123 STAFF RD
 FORT WALTON BEACH FL 32548
 US**

3. Date Incorporated or Qualified **12/01/1994** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3280071** Applied For 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

2. Principal Place of Business
 21 **123 STAFF DRIVE**
 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address
 26 **123 STAFF DRIVE**
 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**MILAN, DONALD F
 4345 HIDDEN LAKES DR E
 NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81 Name **MILAN, DONALD F.**

82 Street Address (P.O. Box Number is Not Acceptable)
2806 ARNOLD PALMER CT.

83

84 City **SHALIMAR, FL** 85 Zip Code **32579**

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 *Donald F. Milan* **DONALD F. MILAN** DATE **4-28-97**

Signature (typed) or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVST <input type="checkbox"/> DELETE
NAME	MILAN, DONALD F
STREET ADDRESS	4345 HIDDEN LAKES DR. E
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	D <input type="checkbox"/> DELETE
NAME	MILAN, DONALD F
STREET ADDRESS	4345 HIDDEN LAKES DR. E
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILAN, DONALD F.
1.3 STREET ADDRESS	2806 ARNOLD PALMER CT
1.4 CITY-ST-ZIP	SHALIMAR, FL 32579
2.1 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILAN, FRANK
2.3 STREET ADDRESS	2806 ARNOLD PALMER CT
2.4 CITY-ST-ZIP	SHALIMAR, FL 32579
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Donald F. Milan* **DONALD F. MILAN** DATE **4-28-97** DAYTIME PHONE # **904-243-1018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)