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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 590454 (5)

1. Corporation Name  
A-1 TEMPS, INC. II

Principal Place of Business  
5675 SEMINOLE BLVD  
SEMINOLE FL 34642

Mailing Address  
5675 SEMINOLE BLVD  
SEMINOLE FL 33772-7322



3. Date Incorporated or Qualified 10/19/1978  
3a. Date of Last Report 03/14/1996

2. Principal Place of Business  
21 10002 PRINCESS PALM AVE  
Suite, Apt #, etc.  
22 SUITE 304  
City & State  
23 TAMPA FL  
Zip  
24 33619  
Country  
25 USA

2a. Mailing Address  
26 10002 PRINCESS PALM AVE  
Suite, Apt #, etc.  
27 SUITE 304  
City & State  
28 TAMPA FL  
Zip  
29 33619  
Country  
30 USA

4. FEI Number 59-1852300  
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

9. Name and Address of Current Registered Agent

GAMBLE, CLARK  
5675 SEMINOLE BLVD  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name THOMAS D. HARRINGTON JR  
82 Street Address (P.O. Box Number is Not Acceptable) 10002 PRINCESS PALM AVE  
83 SUITE 304  
84 City TAMPA FL  
85 Zip Code 33619

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

Thomas D. Harrington Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	GAMBLE, CLARK	
STREET ADDRESS	5675 SEMINOLE BLVD	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	V	DELETE
NAME	VENTIMEGLIA, CAROL A	
STREET ADDRESS	5674 SEMINOLE BLVD	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	BACO	DELETE
NAME	N, CHARLES D	
STREET ADDRESS	5675 SEMINOLE BLVD.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/DTC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MEL KLINGHOFFER	
1.3 STREET ADDRESS	4604 CLARKSDALE LANE	
1.4 CITY - ST - ZIP	BRANDON FL 33511	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANA BEDRAN	
2.3 STREET ADDRESS	10002 PRINCESS PALM AVE, SUITE 304	
2.4 CITY - ST - ZIP	TAMPA FL 33619	
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:

MEL KLINGHOFFER

4/9/97

(813) 623-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2E034 (9/96)