

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004258

1. Corporation Name STAFF ACQUISITION, INC.



Principal Place of Business 600 301 BLVD., P.O. BOX 25020 BRADENTON FL 34206

Mailing Address 600 301 BLVD., P.O. BOX 25020 BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified 09/20/1993

4. FEI Number 06-1379318 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 FL 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 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                      | CEO                           | 1.1 TITLE   | Change Addition |
| NAME                       | CRAIG, CHARLES S              | 1.2 NAME  |                 |
| STREET ADDRESS             | 600 301 BLVD., P.O. BOX 25020 | 1.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | BRADENTON FL 34206            | 1.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | P                             | 2.1 TITLE   | Change Addition |
| NAME                       | GOLDMAN, RICHARD              | 2.2 NAME  |                 |
| STREET ADDRESS             | 600 301 BLVD., P.O. BOX 25020 | 2.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | BRADENTON FL 34206            | 2.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | CFOS                          | 3.1 TITLE   | Change Addition |
| NAME                       | PANNING, JOHN E               | 3.2 NAME  |                 |
| STREET ADDRESS             | 600 301 BLVD., P.O. BOX 25020 | 3.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | BRADENTON FL 34206            | 3.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | VP                            | 4.1 TITLE   | Change Addition |
| NAME                       | GRABOWSKI, PETER              | 4.2 NAME  |                 |
| STREET ADDRESS             | 600 301 BLVD, P.O. BOX 25020  | 4.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | BRADENTON FL 34206            | 4.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                               | 5.1 TITLE   | Change Addition |
| NAME                       |                               | 5.2 NAME  |                 |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                               | 5.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                               | 6.1 TITLE   | Change Addition |
| NAME                       |                               | 6.2 NAME  |                 |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                               | 6.4 CITY-ST-ZIP                                       |                 |

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Grabowski 4/22/99 941-748-4540  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)