

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90094 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P22286

1. Corporation Name  
**STARSTAFF, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12700 NORTH BOROUGH HOUSTON TX 77067-2549  
 Mailing Address: 12700 NORTH BOROUGH HOUSTON TX 77067-2549

3. Date Incorporated or Qualified: 12/27/1988  
 4. FEI Number: 76-0264842  
 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

2. Principal Place of Business: 1111 BAGBY STREET HOUSTON, TX 77002  
 2a. Mailing Address: P. O. BOX 4642 HOUSTON, TX 77210-4642  
 22. Suite, Apt. #, etc.: ROOM 1761  
 23. City & State: HOUSTON, TX  
 24. Zip: 77002 25. Country: USA  
 29. Zip: 77210-4642 30. Country: USA

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.**  
**801 N.E. 167TH STREET**  
**SUITE 305**  
**NORTH MIAMI BEACH FL 33162**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	vacant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNITT, JOSEPH W	1.2 NAME	
STREET ADDRESS	12700 NORTHBOROUGH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77067	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	vacant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAHS, WAYNE	2.2 NAME	
STREET ADDRESS	5555 TRIANGLE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANEY, FLOYD M	3.2 NAME	
STREET ADDRESS	5103 MIDDLE FALLS	3.3 STREET ADDRESS	
CITY-ST-ZIP	KINGWOOD TX 77345	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	vacant <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALUCCI, M V	4.2 NAME	
STREET ADDRESS	15823 CHAMPIONS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING TX 77379	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, WILLIAM	5.2 NAME	
STREET ADDRESS	12700 NORTHBOROUGH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, JIM M	6.2 NAME	
STREET ADDRESS	12223 ROCKY LANE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77070	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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Garrison 4/12/99 713-286-3710  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)