

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

1995 MAY -1 PM 3:45
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34274

(1)

1. Corporation Name

UNIFORCE SERVICES, INC.

Principal Place of Business

**1335 JERICHO TURNPIKE
NEW HYDE PARK NJ 11040**

Mailing Address

**1335 JERICHO TURNPIKE
NEW HYDE PARK NJ 11040**

000001491720

-05/17/95--01138--010

******225.00 ****225.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

02/10/1994

4. FEI Number

13-1996648

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 how it is applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

FANNING, JOHN

STREET ADDRESS

1335 JERICHO TURNPIKE

CITY - ST - ZIP

NEW HYDE PARK NY

TITLE

VD

NAME

MANISCALCO, ROSEMARY

STREET ADDRESS

1335 JERICHO TURNPIKE

CITY - ST - ZIP

NEW HYDE PARK NY

TITLE

S

NAME

GELLER, DIANE J.

STREET ADDRESS

1335 JERICHO TURNPIKE

CITY - ST - ZIP

NEW HYDE PARK NY

TITLE

VPTD

NAME

MACCARRONE, HARRY

STREET ADDRESS

1335 JERICHO TURNPIKE

CITY - ST - ZIP

NEW HYDE PARK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

**Chairman of the Board/
Chief Executive Officer/Director**

☐ Change

☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

**President/Chief Operating
Officer/Director**

☒ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**20A
5-1-95**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane J. Geller, Secretary

Diane J. Geller, Sec.

5.8.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TYPE NAME