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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P40227

(1)

TRN TEMPORARIES, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Pusings								
Principal Place of Business Mailing Address					1			
22021 BROOKPARK RD 22021 BROOKPARK RD								
STE 220			STE 220					
FAIRVIEW PA	RK OH 44126	FAIRVIEW P	FAIRVIEW PARK OH 44126				DO NOT WRITE IN THIS SPACE	
US US							3. Date Incorporated or Qualified 08/27/1992	
2. Principal P	ace of Business	2a. Mailing A	Address				4. FEI Number Applied For	
├── ┐ '			g / (a.s., b.)					
			26					
Suite, Apt.	Suile, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional		
22 27							Fee Required	
City & State	•	City & Sta	City & State				Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	T	Cou	intry		8. This corporation owes or has paid the current year Intangible	
24	25	29	l.	30	•		Personal Property Tax due June 30. Yes No	
2-	9. Name and Address of Currer			30	1		10. Name and Address of New Registered Agent	
		it negistered Age	HIL		B1	Maria		
	CWA, RICHARD G				"	Name		
6428 W. COLONIAL DR.					82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32818					اا	0.000	riadioso (1.0. Des rialidos la rial riadoptable)	
					83			
1					84	City	85 Zip Code	
							FL 65 250 Code	
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, F	lorida Statute	s, the a	bove	-named	corporation submits this statement for the purpose of changing its registered	
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.								
1	Translas with, and accept the oblig	anona or, pection	507.0505, 110	ida ota	10100	,		
SIGNATURE	Signature, typed or printed name of registered ag-	and must talk at our heat in	MOTE	Dopintore	d A a a	ot alanatur	e required when reinstating) DATE	
12.		D DIRECTORS	(NOTE	13.	u nge	in angriation	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP		DELETE	111	Tri C		Change Addition	
l i	STALLARD, DONALD L.		Juctin				Est civalities I'm virginion 1	
NAME				1.2 N	AME		22021 Bronkson Bd #220	
STREET ADDRESS	25000 GREAT NORTHERN			1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	-NORTH OLMSTED OH			140	TY-S	T - ZIP	Fairview Hack Ob, a 44126	
TITLE	DVCS		DELETE	2.1 TI			Change Addition	
NAME	GERRITY, AMY N.		-	2.2 N	ALIE			
	-25000 GREAT NORTHERN				-		Adod Drock park 180 That	
STREET ADDRESS	NORTH-OLMSTED OH-					address	Famusen Park Obis 4412L	
CITY-ST-ZIP				_	ITY - S	T-ZIP		
TITLE	DVP		DELETE	3.1 Ti	TLE		Change Addition	
NAME	KRIEG, DIANE L.			3.2 N	AME		22-2 Box 1 120 H220	
STREET ADDRESS	25000 GREAT NORTHERN	-		235	TRFFT	ADDRESS	- CE-FI WOOKAK 174 F- FAN	
CITY-ST-ZIP	NORTH OLMSTED OH			•	ITY-\$		Famura Park Obje 44126	
TITLE	T		DELETE	4.1 TI		oi - TiL	∠ Change	
Ī I	GUCWA, RICHARD G.	L	JULLIL				The straint of the st	
NAME				4. 2 N			22021 Drockark Re 4220	
STREET ADDRESS	25000 GREAT NORTHERN			4.3 S	TREET	ADDRESS	F. 2	
CITY-ST-ZIP	-NORTH OLMSTED-OH			4.4 CI	TY - \$1	T-ZIP	Four View Yest Oh = 44126	
TITLE			DELETE	5.1 Ti	TLÉ		Change Addition	
NAME				5.2 N				
						ADDDTCC		
STREET ADDRESS						adoress		
CITY-ST-ZIP					TY - \$1	T - Z IP		
TITLE			DELETE	6.1 TI	TLE		Change Addition	
NAME				6.2 N	AME			
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	act to that the information	uth their filter or of a	not ounlifut		TY-SI		and in Continue 110 07/9/// Elevido Ctalutes Lindbay and if that the information	
i 14. inereby 0	erriny mai ine information supplied w	an inis tiling does.	not quality for	ine exe	empt	uon state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report or supplemental annual report is frue 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 a state that I am an address.

4/6/98