

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:17

DOCUMENT # **P94000042982 (6)**

1. Corporation Name  
**STS TEMPS, INC.**

Principal Place of Business      Mailing Address  
**3077 W. CYPRESS ST., SUITE 5  
TAMPA FL 33609**      **3077 W. CYPRESS ST., SUITE 5  
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/06/1994**

4. FEI Number      Applied For  
**59-3248764**      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

2. Principal Place of Business      2a. Mailing Address

21      26

22      27

23      28

24      25      29      30

9. Name and Address of Current Registered Agent

**MELNICK, GREGORY E JR.  
9385 N. 56TH STREET  
SUITE 301  
TEMPLE TERRACE FL 33617**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE      NAME      STREET ADDRESS      CITY-STATE-ZIP

1      2      3      4

5      6      7      8

9      10      11      12

13      14      15      16

17      18      19      20

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE       Change       Addition

12 NAME      **P**

13 STREET ADDRESS      **JOHN RADICK**

14 CITY-STATE-ZIP      **3960 HUBBARD AVE NORTH  
ROBBINSDALE, MN 55422**

21 TITLE       Change       Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE       Change       Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE       Change       Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE       Change       Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE       Change       Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I do hereby 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 in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *John Radick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN RADICK**

3-2-95      612-544-8644