FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:52

DOCUMENT # P94000089119 (9)

1. Corporate Name
SARASOTA STAFFING, INC.

Principal Place of Business	Mailing Address
2033 MAIN ST SUITE 306 SARASOTA FL 34239	2033 MAIN ST SUITE 306 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0872118 — 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 has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business (21–25) / 2a. Mailing Address (26–30): blank

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Thomas D. Bolticoff
82 Street Address (P.O. Box Number is Not Acceptable): 2033 Main St.
83 Suite 306
84 City: Sarasota FL 85 Zip Code: 34239

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: Thomas D. Bolticoff 5/15/95

12. OFFICERS AND DIRECTORS

Title	DP
Name	TRAVELER, MELANIE M
Street Address	2033 MAIN ST., SUITE 306
City-St-Zip	SARASOTA FL 34239
Title	DST
Name	BOLITICOFF, THOMAS D
Street Address	2033 MAIN ST., SUITE 306
City-St-Zip	SARASOTA FL 34239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [ ] Change [ ] Addition (blank)

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Thomas Bolticoff — 4/28/95 — 813 954-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0343312 CP