

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90276 006 ***158.75



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # P97000018934

1. Corporation Name
STAFF LEASING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**600 301 BLVD WEST
 SUITE 202
 BRADENTON FL 34205**

Mailing Address
**600 301 BLVD WEST
 SUITE 202
 BRADENTON FL 34205**

3. Date Incorporated or Qualified
02/28/1997

4. FEI Number
65-0735612

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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, CHARLES A	1.2 NAME	
STREET ADDRESS	600 301 BLVD WEST STE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, RICHARD A	2.2 NAME	
STREET ADDRESS	600 301 BLVD WEST STE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	2.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANNING, JOHN E	3.2 NAME	
STREET ADDRESS	600 301 BLVD WEST STE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABOWSKI, PETER	4.2 NAME	
STREET ADDRESS	600 301 BLVD WEST STE 202	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	
TITLE	SVPS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, JOYCE L	5.2 NAME	
STREET ADDRESS	600 301 BLVD WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	5.4 CITY-ST-ZIP	
TITLE	SVBR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILCHAK, JOHN JR	6.2 NAME	
STREET ADDRESS	600 301 BLVD WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	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: Peter Grabowski **PETER GRABOWSKI** 4/22/99 941-748-4540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)