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Mar 22, 1999 8:00 am
Secretary of State

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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P97000059726

1. Corporation Name
ALLSTAFF, INC.



Principal Place of Business
 9455 KOGER BLVD.
 STE: #101
 ST. PETERSBURG FL 33702
 US

Mailing Address
 P.O. BOX 3019
 SARASOTA FL 34230
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

65-0764932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BOLTICOFF, THOMAS D
 4615 DES SOL BLVD.
 SARASOTA FL 34243

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	BOLTICOFF, THOMAS D	4615 DES SOL BLVD.	SARASOTA FL 34243	<input type="checkbox"/>
	PRESIDENT			
	VICE PRESIDENT			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	BOLTICOFF, THOMAS D	9455 KOGER BL	STE 101	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ST. PETERSBURG, FL 33702				
	TRAVELER, MELANIE	9455 KOGER BL	STE 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	ST PETERSBURG FL 33702				

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:

SIGNATURE REQUIRED

DATE

3/15/99

Daytime Phone #

CR2E034 (1/198)