

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90297 045 ***150.00

DOCUMENT # P98000040610

1. Corporation Name
COMPREHENSIVE STAFFING, INC.

Principal Place of Business

934 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address

934 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1998

4. FEI Number

65-0837714

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

2. Principal Place of Business

21 4850 STIRLING RD

Suite, Apt. #, etc.

22 100

City & State

23 Cooper City, FL

24 Zip 33024

25 Country USA

2a. Mailing Address

26 9850 STIRLING RD

Suite, Apt. #, etc.

27 100

City & State

28 Cooper City, FL

29 Zip 33024

30 Country USA

9. Name and Address of Current Registered Agent

HELLER CAPITAL INC.
1214 N UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

Armando Pozo

82 Street Address (P.O. Box Number is Not Acceptable)

9850 STIRLING RD #100

83

84 City

Cooper city

FL

85 Zip Code

33024

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME KAPLAN, BARRY
STREET ADDRESS 934 N UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

☒ DELETE

TITLE President
NAME Armando Pozo
STREET ADDRESS 8965 NW 41 ST
CITY-ST-ZIP Cooper city, FL 33024

☐ DELETE

TITLE Vice-President
NAME Daisy B. Pozo
STREET ADDRESS 8965 NW 41 ST
CITY-ST-ZIP Cooper city, FL 33024

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Armando Pozo
1.3 STREET ADDRESS 9850 STIRLING RD #100
1.4 CITY-ST-ZIP Cooper city, FL 33024

☒ Change ☐ Addition

2.1 TITLE Vice President
2.2 NAME Daisy B. Pozo
2.3 STREET ADDRESS 8965 NW 41 ST
2.4 CITY-ST-ZIP Cooper city, FL 33024

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-99 (954) 450-8582

CR2E034 (11/98)

0168740