

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V49304** (1)

1. Corporation Name
PROSTAFF HUMAN RESOURCES, INC.



Principal Place of Business
**6220 MANATEE AVENUE WEST
SUITE 203
BRADENTON FL 34209**

Mailing Address
**6220 MANATEE AVENUE WEST
SUITE 203
BRADENTON FL 34209**

3. Date Incorporated or Qualified 07/06/1992	3a. Date of Last Report 07/21/1995
4. F.I. Number 65-0471188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**COOLEY, STEVEN T.
7711 2ND AVENUE WEST
BRADENTON FL**

10. Name and Address of New Registered Agent

81. Name Steven T. Cooley
82. Street Address (P.O. Box Number is Not Acceptable) 6220 Manatee Ave. W., #203
83.
84. City Bradenton
85. Zip Code FL 34209

11. Pursuant to the provisions of Sections 607.01(2) 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 Sections 607.01(2), Florida Statutes.

SIGNATURE: **Steven T. Cooley** 1-24-96

12. OFFICERS AND DIRECTORS

1. TITLE D	NAME COOLEY, STEVEN T.	<input type="checkbox"/> DELETE
2. STREET ADDRESS 7711 2ND AVENUE WEST		
3. CITY, ST, ZIP BRADENTON FL 34209		
4. TITLE <input type="checkbox"/> DELETE	NAME	
5. STREET ADDRESS		
6. CITY, ST, ZIP		
7. TITLE <input type="checkbox"/> DELETE	NAME	
8. STREET ADDRESS		
9. CITY, ST, ZIP		
10. TITLE <input type="checkbox"/> DELETE	NAME	
11. STREET ADDRESS		
12. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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) as an attachment with an address.

SIGNATURE: **Steven T. Cooley** 1-24-96 941-798-3600

CR2E034 (12/95)