

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005400 (5)**

1. Corporation Name

STAFF REPLACEMENT SERVICES, INC.



Principal Place of Business

148 WEST STATE STREET
KENNETT SQUARE PA 19348

Mailing Address

148 WEST STATE STREET
KENNETT SQUARE PA 19348

3. Date Incorporated or Qualified 11/03/1995	3a. Date of Last Report
4. FEI Number 23-2739597	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of registered agent (must be printed in Block 12) or (if filed by Registered Agent) signature representative (must print name) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	D, CEO
NAME	WALKER, MICHAEL R	1.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	KENNETT SQUARE PA 19348	1.4 CITY, ST, ZIP	
TITLE	CEO	2.1 TITLE	D
NAME	HOWARD, RICHARD R	2.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	KENNETT SQUARE PA 19348	2.4 CITY, ST, ZIP	
TITLE	P	3.1 TITLE	
NAME	DUNCAN, CORRINE A	3.2 NAME	
STREET ADDRESS	540 MEADOW ST. EXTENSION, 2ND FL.	3.3 STREET ADDRESS	
CITY, ST, ZIP	AGAWAM MA 01001	3.4 CITY, ST, ZIP	
TITLE	VCFO	4.1 TITLE	
NAME	HAGER, GEORGE V JR.	4.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	4.3 STREET ADDRESS	
CITY, ST, ZIP	KENNETT SQUARE PA 19348	4.4 CITY, ST, ZIP	
TITLE	VP	5.1 TITLE	T
NAME	KUHNLE, KENNETH K	5.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	5.3 STREET ADDRESS	
CITY, ST, ZIP	KENNETT SQUARE PA 19348	5.4 CITY, ST, ZIP	
TITLE	S	6.1 TITLE	
NAME	GUBERNICK, IRA C	6.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	6.3 STREET ADDRESS	
CITY, ST, ZIP	KENNETT SQUARE PA 19348	6.4 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 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:

George V. Hager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

(40)444-6350

CR2E034 (12/95)