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

PROFIT
CORPORATION
ANNUAL REPORT
1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

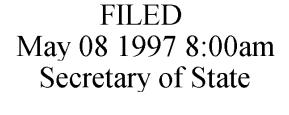
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 293834

(8)

SUPERIOR TEMPORARY SERVICES, INC.



716-631-8310

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US								-	3. Date Incom 06/10/19		Qualified		ate of Last 01/1996		
2. Principal Place of Business				2a, Mailing Address					4. FEI Numbe				· · · · · · · · · · · · · · · · · · ·	pplied Fo	
21				26				į	59-1101161					lot Applic	able
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate	of Statue D	ocired			Additiona	şļ.
22			27						J. Certificate	Ji Sialus D			Fae F	Required	
City & Stale				City & State				Į	6. Election Ca		0			<b>)</b> May Be	1
Zip	Country			28					Trust Fund			<u> </u>		to Fees	
24	25			2ip   Cor				- 1	<ol><li>this corpor Florida Stat</li></ol>				tax under No	s. 199.03	2,
	9, Name and Address of Current							<u>_</u>	10. Name and					<del>~ ~</del> ~	
STA	NLEY, BAR	<del></del>				81	Nam						<u></u>		
		J CONLAN BLVD NI	<u> </u>			62	-5:	4 A del-	(D.O. DV.N.)		Associate	<del></del>			
	TE 120		_			82	Stree	t Address	s (P.O. Box Nur	nder is Noi	Acceptab	16)			
	M BAY FL	32905				83	<del></del> -								
						84	City					FL	<b>85</b> Zip	Code	<del></del> -
11. Pursuant	to the provisi	ons of Sections 607.05	02 and 607	.1508. Florida Statu	ites, the at	DOVE	e-name	d corpora	ation submits th	is stateme	nt for the D	urnose of	changing	its registe	ored
office or r	registered ag	ent, or both, in the Stat th, and accept the oblig	o of Florida	Such change was	authorize	d by	the co	rporation	's board of dire	ctors. I her	eby accer	ot the app	ointment a	s register	ed
-	THE FOLEMENT WAS	in, and accept the cons	Janons or, c	36CHOH 607,0303, F	ionida Stat	uics	٥.								
SIGNATURE	Signature, typed	or printed name of registered as	jont and tille if a	applicable. (NO	OTE: Registeres	1 Ago	nt signat.	re required v	when reinstating)		·	DATE			
12.		OFFICERS AF	ND DIRECT	ORS	13.				ADDITIONS/	CHANGES	TO OFFIC	ERS AND			
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14. do herel	by certify that	the information suppli on this annual report or	ed with this	filing does not qua	lify for the	exe	mplion	stated in	Section 119.07	(3)(i), Flori	da Statule:	s. I further	certify tha	t the	: thet
I am an o	fficer or direc	elor of the corporation of Block 13 if changes	the receiv	ver or trusted empo	wored to e	XGC	ute this	report a	s required by C	hapter 607	, Florida S	tatutes; a	nd that my	name	, irial
appears i	in Block 12 o	r Block 13 if changed	or on an all	achmost with an ac	ddress.										