

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 6:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 509479

(2)

1. Corporation Name

INTERIM PERSONNEL INC.

Principal Place of Business

**2050 SPECTRUM BLVD
FT. LAUDERDALE FL 33309**

Mailing Address

**2050 SPECTRUM BLVD
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1976

3a. Date of Last Report

04/12/1994

4. FEI Number

59-1698006

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SMITH, JOHN B.
2050 SPECTRUM BLVD
FT. LAUDERDALE FL 33309**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SORENSEN, ALLAN C.
2050 SPECTRUM BLVD.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MARCY, RAYMOND
2050 SPECTRUM BLVD.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
SMITH, JOHN B.
2050 SPECTRUM BLVD.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VT
HAGGARD, PAUL
2050 SPECTRUM BLVD
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
BRICE, KENNETH P
2050 SPECTRUM BLVD
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
LIVONIUS, ROBERT E
2050 SPECTRUM BLVD
FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

33309

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

☐ Change ☐ Addition

33309

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

☐ Change ☐ Addition

33309

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

☒ Change ☐ Addition

**V
PENN, LORETTA
2050 SPECTRUM BLVD
FT. LAUDERDALE, FL. 33309**

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

☐ Change ☐ Addition

33309

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 110.07(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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Haggard
Paul Haggard

Date

305-938-7600

(Original Filing Fee)