

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 # 528183 (7)

1. Corporation Name

GIRL FRIDAY TEMPORARY PERSONNEL, INC.



Principal Place of Business

5560 BEE RIDGE RD
STE 5-6
SARASOTA FL 34276-5289
US

Mailing Address

5560 BEE RIDGE RD
STE 5-6
SARASOTA FL 34276-5289
US

3. Date Incorporated or Qualified
02/10/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 22289

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

Zip

Country

24 25 29 30 34276

4. FEI Number

59-1917423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRED, STANLEY M
1515 NW 7 ST #106
MIAMI FL 33125

81 Name Jacocks, H. Robert

82 Street Address (P.O. Box Number is Not Acceptable)
5560 Bee Ridge Road

83 Suite D 5-6

84 City Sarasota

FL

85 Zip Code 34233

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 the corporation

Signature, typed or printed name of registered agent and the corporation

DATE

6/12/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD JACOBS, ROBERT H.
1970 LANDINGS BLVD #311
SARASOTA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S JACOBS, THYRZA
1970 LANDINGS BLVD #311
SARASOTA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD JACOBS, H. Robert
5560 Bee Ridge Road, Suite D 5-6
Sarasota, FL 34233

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

S JACOBS, Robert A.
5560 Bee Ridge Road, Suite D 5-6
Sarasota, FL 34233

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

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

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

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

000001872820

-06/24/96--01026--036
***225.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Principal Officer

CR2E034 (12/95)