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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735178** (6)

1. Corporation Name

**THE STAFF FUND, INC.**

Principal Place of Business

Mailing Address

**2101 N ANDREWS AVE #400  
THE DART BUILDING  
FT. LAUDERDALE FL 33311**

**2101 N ANDREWS AVE #400  
THE DART BUILDING  
FT. LAUDERDALE FL 33311-3949**



3. Date Incorporated or Qualified  
**03/09/1976**

3a. Date of Last Report  
**03/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-1668493**

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

**KORMAN, DONALD G.  
2101 NO ANDREWS AVE  
STE 400  
FT. LAUDERDALE FL 33311**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LESTRANGE, NILE**  
STREET ADDRESS **4800 N.FEDERAL HWY.**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **TD** ☐ DELETE

NAME **FLATEN, PAUL A**  
STREET ADDRESS **1841 NE 45TH ST**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **D** ☐ DELETE

NAME **GREEN, ROBERT**  
STREET ADDRESS **2951 N.W. 49 AVE.**  
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE **SD** ☐ DELETE

NAME **LENAR, ROBERT J**  
STREET ADDRESS **2480 NE 23RD ST**  
CITY-ST-ZIP **POMPANO BCH, FL 00000**

TITLE **PD** ☐ DELETE

NAME **HILL, DAVID C**  
STREET ADDRESS **4800 NE 20TH TERR**  
CITY-ST-ZIP **FT LAUD, FL 00000**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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

**Donald G Korman**

**4-8-97 954-564-4800**

Date

Daytime Phone # **0034669**

CR2E037 (9/96)