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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735178

1. Corporation Name

THE STAFF FUND, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25** **29** **30**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/09/1976

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

9. Name and Address of Current Registered Agent

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

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 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 reinstating)

DATE

3-22-99

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99 954-564-4800

0035908

CR2F037 (1/1/98)