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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra 8. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 845556

(0)

TEMPORARIES INCORPORATED

Principal Place of Business Mailing Address 177 CROSSWAYS PARK 177 CROOSWAYS PARK DR WOODBURY NY 17797 WOODBURY NY 11707-2018 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1980 04/17/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 52-0894181 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zio Zip Country 8. This corporation has tiability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE DELETE 1.1 TITLE Change Addition NOEL, STACY 1.2 NAME HERWANDEZ NELLIE 3252 HOLLY HALL STREET ADDRESS 1.3 STREET ADDRESS **HOUSTON TX** CITY - ST - ZIP 1.4 CITY-ST-ZIP VPT DELETE Change Addition THILE 2.1 TITLE DRUCKMAN, MICHAEL 2.2 NAME **61 HUNTING HILL DR** STREET ADDRESS 2.3 STREET ADDRESS DIX HILLS NY 0:TY - 5T - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TiT1 F 3.1 TITLE REINECKE, MIKE 3.2 NAME 177 CROSSWAYS PARK DRIVE STREET ADDRESS 3.3 STREET ADDRESS WOODBURY NY C:TY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition CALABRO, ROBERT 4. 2 NAME 3932 PARK AVENEU STREET ADDRESS 4.3 STREET ADDRESS SEAFOOD NY CITY - ST - 7IP 4.4 CITY-ST-ZIP DELETE Change *TITLE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C(1) - \$1 - 7(P) 5.4 CITY-ST-ZIP DELETE ___ Addition Change THEF 6.1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. DICKETORE REQUIREM

SIGNATURE:

NAME:

STREET ADDRESS

(516) 682-1400

FILED

May 15 1997 8:00am

Secretary of State

CR2E034