FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT # B9400000275			- 97 APK - 3 PM 2: 47			
STAFF LEASING II, LIMITED	<u> </u>	<u>UZI 3</u>					
Mailing Address	Principal Office Address	Principal Office Address		3, Date Formed or Registered		5a. Capital Contributions as Shown on record.	
600 301 US BLVD WEST 600 301 US BLVD WEST FINANCIAL DEPARTMENT FINANCE DEPARTMENT		Ĺ	07/15/1994 38. Date of Last Report		\$25,000.00		
BRADENTON FL 34206	BRADENTON FL 34205	DRADENION PL 34205		01/02/1996 State or Country of Formation	5b. Amount of Capital Contributions InFLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		DE	\$25,000.00		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		FEI Number 65-05 16080	Applied For Not Applicable		
Zip Country	Zip			Certificate of Status Desired	\$8.75 Additional Fee Required		
				8. Make check payable to: Dept. of State (See reverse side for fee information)			
9, Name and Address of Cur	rent Registered Agent		1	0, If changed, new Registere	d Agent/Office		
C T CORPORATION SYSTEM		Name	Name				
1200 S. PINE ISLAND RD. PLANTATION FL 33324		Street Address (P.O. Box Number is Not Acceptable) DIDINI 2 3 3 3 5 5 5 5 5 5 5					
		City		****287.50 ****287.50 FI Zip Code			
the purpose of changing its registered office or I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	section 620.192, Florida Statutes.	LIMITED) PARTNE	DATE			
11. Name(s) of General Partner(s)	Liddene of Fresh Com	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		Registration/ Document Number	
STAFF ACQUSITION, INC.		TWO SOUNDVIEW DR.		GREENWICH CT 06830		F93000004258	
					Sy	\$000004258 \$175.08 \$103.75 \$8.75 \$8.75	
Note: General partners MAY N	OT be changed on this for	rm; an am	nendment n	nust be filed to ch	ange a ge	neral partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance annual report is true and accurate and that my sign empowered to execute this report as inspectively by the control of the	ith this filing is voluntarily furnished and does it with Section 119.07(3)(k) in the event that the mature shall have the same legal effects as if	not qualify for the Information sup	exemption stated i	in Section 119.07(3)(k), Florida ampt from public access. I furthe	Statutes. I release or certify that the	e the Division of Information indicated on this	
SIGNATURE				DATE	4-1	-47	
Typed or Printed Name of General Partner Signing Form	Richard Goldman	****		eaytime Telephone Number	(941)	748-4540	