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

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000739 (3) AMERIHOST STAFFING, INC.

Principal Place of Business 2400 E DEVON AVE. DES PLAINES IL 60018

Mailing Address

## **FILED** Feb 25 1998 8:00am Secretary of State



2400 E DEVON AVE. DES PLAINES IL 60018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3801278 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 85 Zip Code City

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 registerins agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE Change Addition HOLTZ, MICHAEL P NAME 1.2 NAME 968 MARSHALL DR. STREET ADDRESS 1.3 STREET ADDRESS DES PLAINES IL CITY - ST - ZIP 1.4 CITY - ST - ZIP VSTD DELETE Change Addition TITLE 2.1 TITLE CERQUA, RUSSELL J NAME 22 NAME 22073 CUBA RO STREET ADDRESS 2 3 STREET ADDRESS KILDER IL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE Porchia, H. Andrew 3.2 NAME NAME 16 N 476 Henry Road STREET ADDRESS 3.3 STREET ADDRESS Barrington Hills, IL 60118 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I heroby 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 suppliemental 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 trusted 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:

Russell J. Cerqua, Sorretary 1/28th 047-248-4500