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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005906 (2)**

1. Corporation Name

CAREERSTAFF MANAGEMENT, INC.

Principal Place of Business

**3040 POST OAK BLVD., STE. 310
HOUSTON TX 77056**

Mailing Address

**101 SUN LANE NE
ALBUQUERQUE NM 87109-4373
US**



3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

07/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

76-0440764

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, ANDREW	
STREET ADDRESS	101 SUN LANE NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	WEINHOLTZ, MICHAEL R	
STREET ADDRESS	3040 POST OAK BLVD., STE. 310	
CITY - ST - ZIP	HOUSTON TX 77056	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	WOLTL, ROBERT	
STREET ADDRESS	101 SUN LANE NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARRICK, WILLIAM	
STREET ADDRESS	101 SUN LANE NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANN, NIKKI	
STREET ADDRESS	101 SUN LANE NE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert A Levin	
1.3 STREET ADDRESS	101 Sun Lane NE	
1.4 CITY - ST - ZIP	Albuquerque, NM 87109	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Don DeCamp	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael R. Weinholz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0600639

CR2E034 (9/96)