

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # **F94000006462 (5)**

1. Corporation Name
OLSTEN MELVILLE CORP.

Principal Place of Business
**175 BROAD HOLLOW ROAD
MELVILLE NY 11747**

Mailing Address
**175 BROAD HOLLOW ROAD
MELVILLE NY 11747-4902**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1994		3a. Date of Last Report 07/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 11-3230511		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGUORI, FRANK N	1.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSTEN, STUART	2.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISKE, RICHARD A III	3.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	3.4 CITY-ST-ZIP	
TITLE	VGC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINI, WILLIAM P	4.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGLISI, ANTHONY J	5.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	5.4 CITY-ST-ZIP	
TITLE	VGCS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADERROUTE, LAURIN L JR	6.2 NAME	
STREET ADDRESS	175 BROAD HOLLOW ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008039

CR2E034 (9/96)