

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000179 (0)

1. Corporation Name
STAFF CONNXIONS, INC.

Principal Place of Business
**4041 HADLEY RD.
SOUTH PLAINFIELD NJ 07080**

Mailing Address
**4041 HADLEY RD.
SOUTH PLAINFIELD NJ 07080**

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 22-2869222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
85 Zip Code

FL

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	PD <input type="checkbox"/> DELETE
NAME	EKLUND, GEORGE J
STREET ADDRESS	4041-F HADLEY RD.
CITY-ST-ZIP	S PLAINFIELD NJ
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	KAPPAUF, DONALD W
STREET ADDRESS	4041-F HADLEY RD.
CITY-ST-ZIP	S PLAINFIELD NJ
TITLE	VTD <input checked="" type="checkbox"/> DELETE
NAME	SKIPTUNIS, RAYMOND J
STREET ADDRESS	4041-F HADLEY RD.
CITY-ST-ZIP	S PLAINFIELD NJ
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	DEICKMANN, KARL
STREET ADDRESS	4041-F HADLEY RD.
CITY-ST-ZIP	S PLAINFIELD NJ
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President/CFO
2.3 STREET ADDRESS	Donald Q. Kelly
2.4 CITY-ST-ZIP	488 Fairmount Ave
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Executive VP
3.3 STREET ADDRESS	Donald W. Kappauf
3.4 CITY-ST-ZIP	1044 Tullo Farm Rd.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Board Member
4.3 STREET ADDRESS	William J. Marino
4.4 CITY-ST-ZIP	6 Cobblestone La.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Board Member
5.3 STREET ADDRESS	Senator John H. Ewing
5.4 CITY-ST-ZIP	59 Minebrook Rd.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Bernardsville, NJ 07924
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 _____
9/17/97 (9:4) 413-7444

CR2E034 (4/97)