

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F95000000331 (7)**  
 1. Corporation Name

**TALENT TREE STAFFING SERVICES, INC.**



Principal Place of Business: **9703 RICHMOND AVE. SUITE 214 HOUSTON TX 77042**  
 Mailing Address: **9703 RICHMOND AVE. SUITE 214 HOUSTON TX 77042**

3. Date Incorporated or Qualified: **01/20/1995**  
 3a. Date of Last Report  
 4. FEI Number: **13-3363943**  
 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. 199.03? Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 Suite, Apt #, etc.: 22  
 City & State: 27  
 Zip: 24 Country: 25  
 Zip: 29 Country: 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: **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(If Off. Registered Agent, signature required when not starting)

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, GARRY Q	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY - ST - ZIP	HOUSTON TX 77042	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VALACHOVIC, MARK D	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY - ST - ZIP	HOUSTON TX 77042	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COOK, VINCENT E	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY - ST - ZIP	HOUSTON TX 77042	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SINGH, MAN JIT	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY - ST - ZIP	HOUSTON TX 77042	
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

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William Sadler	
13 STREET ADDRESS	9703 Richmond Ave	
14 CITY - ST - ZIP	Houston TX 77042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	R. Douglas Parker	
23 STREET ADDRESS	9703 Richmond Ave	
24 CITY - ST - ZIP	Houston TX 77042	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	David M. Seaver	
43 STREET ADDRESS	9703 Richmond Ave	
44 CITY - ST - ZIP	Houston TX 77042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	James D. Somerville	
53 STREET ADDRESS	17 Executive Park South Suite 600	
54 CITY - ST - ZIP	Atlanta GA 30329	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vincent E. Cook* DATE: \_\_\_\_\_ ORIGINAL FILE # **713-789-1818**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Vincent E. Cook**

CR2E034 (3/96)