

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.)

FILED
Aug 14 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 # F96000000627 (7)

1. Corporation Name
SEIRIOS STAFF SERVICES, INC.



Principal Place of Business
16801 ADDISON ROAD
#425
DALLAS TX 75248

Mailing Address
16801 ADDISON ROAD
#425
DALLAS TX 75248

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1996		3a. Date of Last Report	
21		26		4. FEI Number 75-2590367		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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	PCD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CHAIRMAN & DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDWARDS, JAN			1.2 NAME	RICHARD H. HUGHES		
STREET ADDRESS	2817 PEDRA DRIVE			1.3 STREET ADDRESS	16801 ADDISON RD. #425		
CITY-ST-ZIP	PLANO TX			1.4 CITY-ST-ZIP	DALLAS, TX 75248		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	EXEC. VP & TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WATERS, CHARLES			2.2 NAME	EVAN J. McFARLAND		
STREET ADDRESS	2523 LAKE BEND			2.3 STREET ADDRESS	16801 ADDISON RD. #425		
CITY-ST-ZIP	CARROLLTON TX			2.4 CITY-ST-ZIP	DALLAS, TX 75248		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COON, BOB			3.2 NAME	JIMMY CLARK		
STREET ADDRESS	4832 NASHWOOD LANE			3.3 STREET ADDRESS	16801 ADDISON RD. #425		
CITY-ST-ZIP	DALLAS TX			3.4 CITY-ST-ZIP	DALLAS, TX 75248		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	VP OPERATIONS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	LISA MARTIN		
STREET ADDRESS				4.3 STREET ADDRESS	16801 ADDISON RD. #425		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	DALLAS, TX 75248		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VP RISK MGMT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	LORETTA ROBINSON		
STREET ADDRESS				5.3 STREET ADDRESS	16801 ADDISON RD #425		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DALLAS TX 75248		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	PAUL PREDETTE		
STREET ADDRESS				6.3 STREET ADDRESS	16801 ADDISON RD #425		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	DALLAS, TX 75248		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/22/97

077-777-2282

CR2E034 (4/97)