

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90020 018 ***158.75

0584474

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000627

1. Corporation Name

SEIRIOS STAFF SERVICES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Addison Texas

24 75001

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Addison Texas

29 75001

30

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

75-2590367

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 owes the current year Intangible
Personal Property Tax.



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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, RICHARD H	
STREET ADDRESS	16801 ADDISON DR #425	
CITY-ST-ZIP	DALLAS TX	
TITLE	EVT	<input checked="" type="checkbox"/> DELETE
NAME	McFARLAND, IVAN J	
STREET ADDRESS	16801 ADDISON DR #425	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, JIMMY	
STREET ADDRESS	16801 ADDISON DR #425	
CITY-ST-ZIP	DALLAS TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, LISA	
STREET ADDRESS	16801 ADDISON DR #425	
CITY-ST-ZIP	DALLAS TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, LORETTA	
STREET ADDRESS	16801 ADDISON RD #425	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PREDETTE, PAUL	
STREET ADDRESS	16801 ADDISON DR #425	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Byron Stuckey	
1.3 STREET ADDRESS	16801 Addison Dr. #425	
1.4 CITY-ST-ZIP	Addison, TX. 75001	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Don Dalbeseo	
2.3 STREET ADDRESS	16801 Addison Dr #425	
2.4 CITY-ST-ZIP	Addison, TX. 75001	
3.1 TITLE	3 - Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jimmy Clark	
3.3 STREET ADDRESS	16801 Addison Dr #425	
3.4 CITY-ST-ZIP	Addison, TX. 75001	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)