FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 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 # **F96000000763 (0)**

1. Corporation Name
A-1 TEMPS, INC.

Principal Place of Business	Mailing Address
3710 CORPOREX PARK DR., STE. 300 TAMPA FL 33619	3710 CORPOREX PARK DR., STE. 300 TAMPA FL 33619-1160

3. Date Incorporated or Qualified: 02/13/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10002 PRINCESS PALM AVE	26 10002 PRINCESS PALM AVE
Suite, Apt. #, etc.: 22 SUITE 304	Suite, Apt. #, etc.: 27 SUITE 304
City & State: 23 TAMPA FL	City & State: 28 TAMPA FL
Zip: 24 33619 Country: 25 USA	Zip: 29 33619 Country: 30 USA

4. FEI Number: 58-2217015 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KLINGHOFFER, MEL
3710 CORPOREX PARK DR., STE. 300
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: THOMAS D. HARRINGTON JR
82 Street Address (P.O. Box Number is Not Acceptable): 10002 PRINCESS PALM AVE
83: SUITE 304
84 City: TAMPA **FL** 85 Zip Code: 33619

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: Thomas D. Harrington Jr 4/9/97
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	CP	☒ DELETE	1.1 TITLE	P/D/C	☒ Change ☐ Addition
NAME	KLINGHOFFER, MEL		1.2 NAME	MEL KLINGHOFFER	
STREET ADDRESS	3710 CORPOREX PARK DR., STE. 300		1.3 STREET ADDRESS	4604 CLARKSDALE LANE	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DS	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	MOORE, M. MARC		2.2 NAME	ANA BEDRAN	
STREET ADDRESS	3710 CORPOREX PARK DR., STE. 300		2.3 STREET ADDRESS	10002 PRINCESS PALM AVE, SUITE 304	
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUPRE, IRV		3.2 NAME		
STREET ADDRESS	3710 CORPOREX PARK DR., STE. 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] MEL KLINGHOFFER 4/9/97 (813) 623-5722