

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

FILED
May 06 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 # F96000003740 (5)

1. Corporation Name
TAC PROFESSIONAL STAFFING SERVICES, INC.

Principal Place of Business
109 OAK STREET
NEWTON UPPER FALLS MA 02164

Mailing Address
109 OAK STREET
NEWTON UPPER FALLS MA 02164-1441



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1996		3a. Date of Last Report N/A	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 04-3321419		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LANDOLI, MICHAEL J		1.2 NAME	I ANDOLI, MICHAEL J.			
STREET ADDRESS	109 OAK STREET		1.3 STREET ADDRESS	109 OAK STREET			
CITY - ST - ZIP	NEWTON UPPER FALLS MA		1.4 CITY - ST - ZIP	NEWTON UPPER FALLS, MA			
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BALSAMO, SALVATORE A		2.2 NAME				
STREET ADDRESS	109 OAK STREET		2.3 STREET ADDRESS				
CITY - ST - ZIP	NEWTON UPPER FALLS MA		2.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BALSAMO, ANTHONY J		3.2 NAME				
STREET ADDRESS	109 OAK STREET		3.3 STREET ADDRESS				
CITY - ST - ZIP	NEWTON UPPER FALLS MA		3.4 CITY - ST - ZIP				
TITLE	CLER	<input type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REISMAN, KENNETH P		4.2 NAME	REISMAN, KENNETH P.			
STREET ADDRESS	109 OAK STREET		4.3 STREET ADDRESS	109 OAK STREET			
CITY - ST - ZIP	NEWTON UPPER FALLS MA		4.4 CITY - ST - ZIP	NEWTON UPPER FALLS, MA			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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 of this filing, or on an attachment with an address.

SIGNATURE: *Kenneth P. Reisman* KENNETH P. REISMAN 4/25/97 (617) 969-3100
SECRETARY Date Daytime Phone # 0000376

CR2E034 (9/96)