


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90172 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005736					
1. Corporation Name JOBSMART EMPLOYMENT AND TEMPORARY SERVICES, INC.					
Principal Place of Business 7600 SOUTHLAND BLVD. SUITE 321 ORLANDO FL 32809			Mailing Address 7600 SOUTHLAND BLVD. SUITE 321 ORLANDO FL 32809		



2. Principal Place of Business 21 3900 Colonial Blvd		2a. Mailing Address 26 3900 Colonial Blvd		3. Date Incorporated or Qualified 10/22/1996	
Suite, Apt. #, etc. 22 Suite 3		Suite, Apt. #, etc. 27 Suite 3		4. FEI Number 01-0480400	
City & State 23 Fr. Myers, FL		City & State 28 Fr. Myers FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33912		Zip 29 33912		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA			

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 FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		S		<input type="checkbox"/> DELETE				1.1 TITLE		D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		FILLIGER, CHERYL						1.2 NAME		LIZ TRAYER					
STREET ADDRESS		1 PARK PLACE, 445 MAIN ST						1.3 STREET ADDRESS		6060 S.W. 18TH ST. #121					
CITY-ST-ZIP		SACO ME 04072						1.4 CITY-ST-ZIP		BOCA RATON, FL 33433					
TITLE		D		<input type="checkbox"/> DELETE				2.1 TITLE		T		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		OUELLETTE, ROBERT						2.2 NAME		OUELLETTE, ROBERT					
STREET ADDRESS		445 MAIN ST						2.3 STREET ADDRESS		445 MAIN ST					
CITY-ST-ZIP		SACO ME 04072						2.4 CITY-ST-ZIP		SACO ME 04072					
TITLE		D		<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		BOLDUC, TINA						3.2 NAME							
STREET ADDRESS		74 PROSPECT ST						3.3 STREET ADDRESS							
CITY-ST-ZIP		BIDDEFORD ME 04005						3.4 CITY-ST-ZIP							
TITLE		D		<input type="checkbox"/> DELETE				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		OUELLETTE, LISE						4.2 NAME							
STREET ADDRESS		445 MAIN ST						4.3 STREET ADDRESS							
CITY-ST-ZIP		SACO ME 04072						4.4 CITY-ST-ZIP							
TITLE		T		<input checked="" type="checkbox"/> DELETE				5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		BURR, SUSAN						5.2 NAME							
STREET ADDRESS		74 BCH ST						5.3 STREET ADDRESS							
CITY-ST-ZIP		SACO ME 04072						5.4 CITY-ST-ZIP							
TITLE		P		<input type="checkbox"/> DELETE				6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		RICHARD, HENRY						6.2 NAME							
STREET ADDRESS		TATNIC RD						6.3 STREET ADDRESS							
CITY-ST-ZIP		WELLS ME						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 617, 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 REQUIRED** 207-283-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)