

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006768 (3)

1. Corporation Name:

OLSTEN STAFFING SERVICES VII, INC.

Principal Place of Business

175 BROAD HOLLOW RD
MELVILLE NY 11747

Mailing Address

175 BROAD HOLLOW RD
MELVILLE NY 11747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. FEI Number 11-335 1445	26. Applied For APPLIED FOR
27. Certificate of Status Desired <input type="checkbox"/>		28. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		29. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30. \$8.75 Additional Fee Required		31. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. 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 filed applicant) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	DIRECTOR
NAME	FUSCO, ROBERT A	1.2 NAME	FRANCIS N LIGUORI
STREET ADDRESS	175 BROAD HOLLOW RD	1.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE NY 11747	1.4 CITY-ST-ZIP	MELVILLE, NY 11747-8905
TITLE	VC	2.1 TITLE	PRES
NAME	STICKNEY, DOUGLAS H	2.2 NAME	RICHARD A RISKE III
STREET ADDRESS	175 BROAD HOLLOW RD	2.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE NY 11747	2.4 CITY-ST-ZIP	MELVILLE, NY 11747-8905
TITLE	VCFO	3.1 TITLE	SVP GC AS
NAME	BOELSEN, THOMAS	3.2 NAME	WILLIAM P CONSTANTINI
STREET ADDRESS	175 BROAD HOLLOW RD	3.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE NY 11747	3.4 CITY-ST-ZIP	MELVILLE, NY 11747-8905
TITLE	D	4.1 TITLE	SVP TREAS
NAME	BOELSEN, THOMAS	4.2 NAME	ANTHONY J. PUGENI
STREET ADDRESS	175 BROAD HOLLOW RD	4.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP	MELVILLE NY 11747	4.4 CITY-ST-ZIP	MELVILLE, NY 11747-8905
TITLE		5.1 TITLE	VP SEC
NAME		5.2 NAME	LAUREN L LADEROUTE JR
STREET ADDRESS		5.3 STREET ADDRESS	175 BROAD HOLLOW ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MELVILLE, NY 11747-8905
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)