

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90074 042 ***150.00

DOCUMENT # F96000006768

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

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

11-3351445

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. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIGURI, F N	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY 11747	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PISKE, R A	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY 11747	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CANTANTINI, W P	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY 11747	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PUGUNI, A J	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY 11747	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LADEROUTE, L	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Stewart Disten	
13 STREET ADDRESS	175 Broad Hollow Rd	
14 CITY-STATE-ZIP	Melville NY 11747	
21 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Ronald A. Malone	
23 STREET ADDRESS	175 Broad Hollow Rd	
24 CITY-STATE-ZIP	Melville NY 11747	
31 TITLE	WILLIAM P COSTANTINI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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:

Laurel C. Laderoute Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)