

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 039 ***150.00

DOCUMENT # F98000000476

1. Corporation Name

STAFFING SERVICES AMERICA, INC.



Principal Place of Business

175 BROAD HOLLOW ROAD
MELVILLE NY 11747

Mailing Address

175 BROAD HOLLOW ROAD
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

11-3351444

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

9. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
OFILANDO 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. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME LIGUORI, FRANK N
STREET ADDRESS 2 TALISMAN CT.
CITY-STATE-ZIP DIX HILLS NY 11746

TITLE D ☐ DELETE
NAME OLSTEN, STUART
STREET ADDRESS 77 HUNT DR.
CITY-STATE-ZIP JERICHO NY 11753

TITLE DP ☒ DELETE
NAME PISKE, RICHARD A III
STREET ADDRESS 10 TARGET ROCK RD.
CITY-STATE-ZIP LLOYD HARBOR NY 11743

TITLE VAS ☐ DELETE
NAME COSTANTINI, WILLIAM P
STREET ADDRESS 64 BOUTON ROAD
CITY-STATE-ZIP SOUTH SALEM NY 10590

TITLE VT ☐ DELETE
NAME PUGLISI, ANTHONY I
STREET ADDRESS 15 CARRIAGE CT.
CITY-STATE-ZIP MUTTONTOWN NY 11791

TITLE VS ☐ DELETE
NAME LADERROUTE, LAURIN L JR.
STREET ADDRESS 38 KENSINGTON ROAD
CITY-STATE-ZIP GARDEN CITY NY 11530

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Laurin L Laderoute Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)