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

PROFIT '
CORPÔRATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90009 005 ***150.00

DOCUMENT # F9800000936

USA QUALITY STAFFING, INC.

Principal Place of Business

Mailing Address

7301 N. 16TH STREET. #201 PHOENIX AZ 85020 7301 N. 16TH STREET. #201 PHOENIX AZ 85020



| PHUENIX AZ 80020 | PHUENIA AZ 03020 | | DO NOT WRITE IN THIS SPACE | | |
|---|---------------------|-----------------|--|-----------------------------------|--|
| | | | 3. Date Incorporated or Qualifed | | |
| | | | 02/18/1998 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 916 South Capitol of TX Hw | у 26 | | 74-2847363 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State 23 Austin, Texas | City & State | , | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 24 78746 25 USA | | ountry | This corporation owes the current year In Personal Property Tax. | | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY | | 81 Name | | | |
| 1201 HAYS STREET | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| TALLAHASSEE FL 32301-2525 | | 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.

| ugona i u | an ignimal than and docupt me congenions of comme | | | | |
|----------------|--|-------------|----------------------------|---|--------------|
| SIGNATURE | | MOTE: B | gistered Agent signature n | POUTE DATE | |
| | Signature, typed or printed name of registered agent and title if applicable | . (NOTE: HE | | ADDITIONS/CHANGES TO OFFICERS AND DIREC | TORS IN 12 |
| 12. | OFFICERS AND DIRECTORS | | 13. | Chang | |
| TITLE | CD | ☐ DELETE | 1.1 TITLE | Chang | a L Addition |
| NAME | BOGLE, GEORGE E | | 1.2 NAME | | |
| STREET ADDRESS | 916 CAPITAL OF TX HWY SO. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | AUSTIN TX | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | ☐ Chang | e Addition |
| NAME | MARTIN, W J | | 2.2 NAME | | |
| STREET ADDRESS | 916 CAPITAL OF TX HWY SO. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | AUSTIN TX | | 2. 4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | XX Chang | e |
| NAME | SARA, WENDY | | 3.2 NAME | | _ |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 7301 North 16th Street, Suite 20 | 1 |
| CITY-ST-ZIP | AUSTIN TX | | 3.4. CITY-ST-ZIP | Phoenix, Arizona 85020 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Chang | e |
| NAME | | | 4. 2 NAME | | • |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | · Chang | e 🔲 Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Chang | e Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET AODRESS | | |
| CITY OT 710 | | | 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME

Wendy Sara

1-12-99

60-3/371-3860 Daytime Phone # NECOST (11/30)