

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F98000001996**

1. Corporation Name

**CPS STAFF LEASING, INC.**

Principal Place of Business

**818 HOWARD AVENUE, SUITE 100  
NEW ORLEANS LA 70113**

Mailing Address

**818 HOWARD AVENUE, SUITE 100  
NEW ORLEANS LA 70113**

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90003 022 \*\*\*550.00

598861 - 90003 - 22



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/07/1998**

4. FEI Number

**63-1066059**

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. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

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

**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 **PC** ☐ DELETE  
NAME **BROWNE, GREGORY H**  
STREET ADDRESS **818 HOWARD AVENUE, SUITE 100**  
CITY-ST-ZIP **NEW ORLEANS LA 70113**

TITLE **V** ☐ DELETE  
NAME **CLARK, NEIL**  
STREET ADDRESS **4315 DOWNTOWNER LOOP NORTH**  
CITY-ST-ZIP **MOBILE AL 36609**

TITLE **ST** ☐ DELETE  
NAME **EUMONT, JACK V JR**  
STREET ADDRESS **818 HOWARD AVENUE SUITE 100**  
CITY-ST-ZIP **NEW ORLEANS LA 70113**

TITLE **C** ☐ DELETE  
NAME **BROWNE, GREGORY H**  
STREET ADDRESS **818 HOWARD AVENUE SUITE 100**  
CITY-ST-ZIP **NEW ORLEANS LA 70113**

TITLE **D** ☐ DELETE  
NAME **BEAM, AARON JR**  
STREET ADDRESS **5182 GREYSTONE WAY**  
CITY-ST-ZIP **BIRMINGHAM AL 35242**

TITLE **D** ☐ DELETE  
NAME **KELLER, STEVE**  
STREET ADDRESS **451 FLORIDA STREET 7TH FLOOR**  
CITY-ST-ZIP **BATON ROUGE LA 70821**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/19/99**

Date

**504-593-9771**

Daytime Phone #

CR2E034 (5/99)

011517