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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800003806

TERAMAR STAFFING SERVICES, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90080 041 ***150.00



Principal Place	e of Business	Mailing Address							
1 201-S. ALMA-SCHOOL RD #5100- MESA AZ 89299		1201 C. ALMA SCHOOL FID #5160							
		M EGA AZ 6525 9			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		_		
1					07/06/1998			-	
2. Prińcipal Pl	age of Business (2a. Mailing Address		· 🙃	4. FEI Number	-	Ap	plied For-	
21 430	N. DOBSAN RD	26 430 N, D	OBSON	7 KD	58-2169085		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75		
22 # 10	5	27 105′			5. Certificate of Status Desired	—	Fee Re	equired	
City & State	° 0 0 0	Qity & State	4-		6. Election Campaign Financing		\$5.00		
23 M	M HZ	28 145	1/2_	-	Trust Fund Contribution		Added t	to Fees	
一 ^{Zip} タらつ/	Country	- 3552AL 5	Country		8. This corporation owes the curre		ngibie ∐Yes	□No	
24 8020	25 25 Current	29 8520 30 Bosistered Apopt	<u> </u>		Personal Property Tax. 10. Name and Address of New Re				
	9. Name and Address of Current	Kedistelen Wasiit	81 i	Name	The Hallo and Planton Of the N		9-		
WOL	LETT, BERNARD Z					-1-1			
	N. COCKWOOD RIDGE RD		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			
	ASOTA FL 34243		83						
1							Test 7in (Code	ļ
			84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-n	amed corpo	oration submits this statement for the p	ourpose of c	hanging its	registered	
office or t	egistered agent, or both, in the State of memory and agent in the State of the filling with and accept the obligation.	if Florida. Such change was auti	norized by Un	e corporation	n's board of directors. I hereby accept	tine appoin	 ment as re	gistered	
•	The tallian with and doopt the songen					-		-	ļ
SIGNATURE	Signature, typed or printed name of registered agent	NOTE: D	egistered Agent si	anatura required	when reinstating)	DATE			_
	Signature, typed or printed name or registered agent	and title if applicable. (NOTE: Ri		griature required			DECT	NDO 161 40	6€
12.	OFFICERS AND	DIRECTORS	13.	griature raquired	ADDITIONS/CHANGES TO OFF				1/98)
	OFFICERS AND		13. 1.1 TITLE	griature required			DIRECTO ☐ Change	DRS IN 12 ☐ Addition	1 (11/98)
12.	OFFICERS AND PD CATELLIER, GARY M	DIRECTORS	13. 1.1 TITLE 1.2 NAME						_
12.	OFFICERS AND PD CATELLIER, GARY M 13331 E. DEL TIMBUE DR	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AL	XXRESS \					_
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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 suppliemental 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 REQUIRED