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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90094 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H06844

1. Corporation Name

CUSTOMIZED STAFFING SOLUTIONS, INC.

Principal Place of Business  
2601 CATTLEMEN ROAD  
SARASOTA FL 34232

Mailing Address  
2601 CATTLEMEN ROAD  
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1984

4. FEI Number

59-2413933

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JACOBS, G.W.  
2601 CATTLEMEN ROAD  
SARASOTA FL 34232-0514

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	P	<input checked="" type="checkbox"/> DELETE
NAME	DUBREUIL, JOHN	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, BASIL	
STREET ADDRESS	2601 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HABER, MARVIN S.	
STREET ADDRESS	2601 CATTLEMEN RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEFF, RAYMOND M.	
STREET ADDRESS	2601 CATTLEMEN RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CURRIN, RUSSELL A JR.	
STREET ADDRESS	2601 CATTLEMEN RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, CONYERS L.	
STREET ADDRESS	2601 CATTLEMEN RD.	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACOBS, G.W.	
1.3 STREET ADDRESS	2601 CATTLEMEN RD	
1.4 CITY-ST-ZIP	SARASOTA, FL	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WEBBER, DAVID	
2.3 STREET ADDRESS	2601 CATTLEMEN RD	
2.4 CITY-ST-ZIP	SARASOTA, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCMAHON, ROBERT	
3.3 STREET ADDRESS	2601 CATTLEMEN RD	
3.4 CITY-ST-ZIP	SARASOTA, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (941) 951-3627

CR2E034 (11/98)