

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
**LABOR WORLD USA, INC.**

**Principal Place of Business**  
**8000 N. FEDERAL HIGHWAY**  
**BOCA RATON FL 33487-1620**

Mailing Address  
8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487-1620



<b>3. Date Incorporated or Qualified</b> <b>11/19/1986</b>	<b>3a. Date of Last Report</b> <b>04/12/1996</b>
---	---

2. Principal Place of Business		2a. Mailing Address	
21	1144 E. Newport Center Drive Suite, Apt. #, etc.	26	1144 E. Newport Center Drive Suite, Apt. #, etc.

22	City & State	27	City & State
23	Deerfield Beach FL	28	Deerfield Beach FL

Zip	Country	Zip	Country
24 33442	25 USA	28 33442	30 USA

4. FEI Number <b>59-2754571</b>	Applied For
	Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEFCORT, ROBERT  
8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

81	Name		Robert A. Lefcort
82	Street Address (P.O. Box Number is Not Acceptable)		1144 E. Newport Center Drive
83			
84	City	Deerfield Beach	FL
85	Zip Code	33442	

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: \_\_\_\_\_  
 Signatory typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSST SCHUBERT, LAWRENCE H. 4469 WOODFIELD BLVD. BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE	D SCHUBERT, ALAN E. 305 N VICTORIA PARK RD FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE	D MORELLI, LOUIS A. 1807 BELTER COURT GENEVA IL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE	PD BURRELL, PAUL M. 5200 GODFREY ROAD POMPANO BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE	VD LEFCORT, ROBERT 3069 NW 25TH TERRACE BOCA RATON FL	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

14. I do 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 checked, upon attachment with an address.

**SIGNATURE:** Paul M. Burrell 1/9/97 1974 410-6428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

0340003