


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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90010 046 \*\*\*300.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J42947</b>					
1. Corporation Name <b>LABOR WORLD USA, INC.</b>					
Principal Place of Business <b>1144 E NEWPORT CTR DR DEERFIELD BCH FL 33442 US</b>			Mailing Address <b>1144 E NEWPORT CTR DR DEERFIELD BCH FL 33442 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/19/1986</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2754571</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEFCORT, ROBERT 8000 N. FEDERAL HIGHWAY BOCA RATON FL 33487</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>1144 East Newport Center Drive</b>		
			83		
			84 City <b>Deerfield Beach</b>		
			85 Zip Code <b>FL 33442</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE <input type="checkbox"/> DELETE					
NAME <b>PD BURRELL, PAUL M.</b>					
STREET ADDRESS <b>1144 E NEWPORT CTR DR</b>					
CITY-ST-ZIP <b>DEERFIELD BCH FL</b>					
TITLE <input type="checkbox"/> DELETE					
NAME <b>VPST LEFCORT, ROBERT</b>					
STREET ADDRESS <b>1144 E NEWPORT CTR DR</b>					
CITY-ST-ZIP <b>DEERFIELD FL</b>					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
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CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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 REQUIRED**  
\_\_\_\_\_  
Robert A. Lefcort, Vice President

4/20/99

Date

954-418-6200

Daytime Phone #

CR2E034 (11/98)