FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43167** **(2)**

1. Corporation Name

LABOR FORCE OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
5350 10TH AVENUE NORTH SUITE 6 LAKE WORTH FL 33463 US	5350 10TH AVENUE NORTH SUITE 6 LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2741735 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURNETT, NEWTON C.
11811 AV OF THE PGA 5-1B
PALM BCH GRNS FL 33418

10. Name and Address of New Registered Agent

81 Name: Douglas T Doxey
82 Street Address (P.O. Box Number is Not Acceptable): 10631 Cypress Bend Dr
83
84 City: Boca Raton FL 85 Zip Code: 33428

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] 2/24/95
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DOXEY, DOUGLAS	1.2 NAME		
STREET ADDRESS	10631 CYPRESS BEND DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	BURNETT, NEWTON C.	2.2 NAME		
STREET ADDRESS	11811 AV OF THE PGA 5-1B	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRNS FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	—	☒ Change ☐ Addition
NAME	BURNETT, JEFFREY S.	3.2 NAME		
STREET ADDRESS	16 G LEXINTON LN W.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRNS FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	—	☒ Change ☐ Addition
NAME	VONDRAK, RICHARD B.	4.2 NAME		
STREET ADDRESS	13 SABAL ISLAND DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LOFSTROM, BERT	5.2 NAME		
STREET ADDRESS	236 VISTA COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	RYDZEWSKI, JOANN	6.2 NAME		
STREET ADDRESS	10631 CYPRESS BEND DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Douglas Doxey 2/24/95 407-641-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0271710 CP