

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J63983 (7)

1. Corporation Name
INTERIM TEMPORARY PERSONNEL INC.

Principal Place of Business
**2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309
US**

Mailing Address
**2050 SPECTRUM BLVD
FT LAUDERDALE FL 33309
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1987	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0001834	Applied For Not Applicable
22 City & State	27	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, JOHN B.
2050 SPECTRUM BLVD.
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

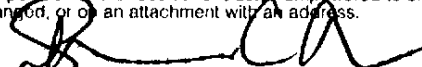
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	P
NAME	SORENSEN, ALLAN C.	1.2 NAME	Gary Peck
STREET ADDRESS	1500 S. OCEAN DR.	1.3 STREET ADDRESS	2050 Spectrum Blvd.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	PD	2.1 TITLE	D/CEO
NAME	RAYMOND, MARCY	2.2 NAME	
STREET ADDRESS	7911 UPPER RIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SMITH, JOHN B.	3.2 NAME	
STREET ADDRESS	7361 S.W. 18TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	T
NAME	HAGGARD, PAUL	4.2 NAME	Shannon C. Allen
STREET ADDRESS	2050 SPECTRUM BLVD	4.3 STREET ADDRESS	2050 Spectrum Blvd
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	V	5.1 TITLE	V/D
NAME	LIVONIUS, ROBERT E.	5.2 NAME	
STREET ADDRESS	1072 PINE BRANCH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VCFO	6.1 TITLE	
NAME	KRAUSE, ROY	6.2 NAME	
STREET ADDRESS	2050 SPECTRUM BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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.

SIGNATURE:

 Shannon C. Allen 4/12/98 954-928-7600

CR2E034 (10/97)