FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # J78073 (0)

1. Corporation Name
SUN COAST STAFFING OF TAMPA, INC.

Principal Place of Business	Mailing Address
4350 WEST CYPRESS ST. STE. #101 TAMPA FL 36360-7 US	4350 WEST CYPRESS ST. STE. #101 TAMPA FL 36360-7 US

3. Date Incorporated or Qualified: 06/17/1987
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2859184 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BROOKS, MICHAEL L.
437 E MONROE ST
SUITE 202
JACKSONVILLE FL 32202

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PCS	☐ DELETE
NAME	ENTIN, GEORGE D.	
STREET ADDRESS	5203 BAYSHORE BLVD. #4	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	☐ DELETE
NAME	LONG, JANE A	
STREET ADDRESS	7930 BAY POINTE DR. #B-23	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	☒ DELETE
NAME	BAUMANN, JOHN	
STREET ADDRESS	11210 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	☐ DELETE
NAME	SIMERLY, JULIAN C JR	
STREET ADDRESS	16120 S.W. 76TH AVE.	
CITY-ST-ZIP	SOUTH MIAMI FL 33157	
TITLE	D	☒ DELETE
NAME	~~SIMERLY, JULIAN C JR~~	
STREET ADDRESS	~~7522 SW 166TH TERRACE~~	
CITY-ST-ZIP	~~SOUTH MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C To D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: G.D. ENTIN, 4/24/96 813-875-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)