

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J78073 (0)**  
 1. Corporation Name  
**SUN COAST STAFFING, INC.**



Principal Place of Business <b>4330 WEST CYPRESS ST. STE. #101 TAMPA FL 33607 US</b>	Mailing Address <b>4330 WEST CYPRESS ST. STE. #101 TAMPA FL 33607-4153 US</b>
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3. Date Incorporated or Qualified <b>06/17/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2859184</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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 **BURDEN, BRIAN A. ESQ.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**815 W. Verne St., Suite D**  
 83  
 84 City **Tampa, FL** 85 Zip Code **33606**

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 *Brian A. Burden* DATE **4/19/97**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>CD</b>	<input type="checkbox"/>
NAME	<b>ENTIN, GEORGE D.</b>	
STREET ADDRESS	<b>5203 BAYSHORE BLVD. #4</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>LONG, JANE A.</b>	
STREET ADDRESS	<b>7930 BAY ROINTE DR. #B-23</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SIMERLY, JULIAN C JR</b>	
STREET ADDRESS	<b>16120 S.W. 76TH AVE.</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33157</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>J. Scott Entin</b>		
2.3 STREET ADDRESS	<b>5203 Bayshore Blvd. #4</b>		
2.4 CITY-ST-ZIP	<b>Tampa, FL 33611</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 changed, or on an attachment with an address.

SIGNATURE: *George D. Entin* DATE **4/15/97** **813-875-3511**

CR2E034 (9/96)