

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J88676**

1. Corporation Name

**WINSTON PERSONNEL OF BOCA RATON, INC.**

Principal Place of Business

1500 NW 49TH ST  
SUITE 606  
FT LAUDERDALE FL 33309  
US

Mailing Address

535 FIFTH AVENUE  
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1987**

2. Principal Place of Business

21 **same**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**13-3442414**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **KUGLER, SEYMOUR**

STREET ADDRESS **535 FIFTH AVENUE**

CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☒ DELETE

NAME **SILVER, DAVID**

STREET ADDRESS **535 FIFTH AVENUE**

CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS ☐ Change ☒ Addition

3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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:

**Eric Kugler** REQUIRE **ERIC KUGLER**

**7/15/99**

**212-557-5200 x297**

CR2E034 (5/99)

**WINSTON Resources, Inc.**

593740-90011-46  
J88676

535 Fifth Avenue,  
New York, NY 10017-3663  
Tel: (212) 557-5000  
Fax: (212) 972-3364

July 16, 1999



Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

We never received the first notice.

Enclosed is a check in the amount of \$150.00 to cover the filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Kugler".

Eric Kugler  
Vice President  
Corporate Development

Divisions  
**WINSTON Personnel**  
**WINSTON Staffing Services**  
**Fisher-Todd Associates**  
**WINSTON Advertising Agency**  
**WINSTON Franchise**