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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **J91424** **(8)**

1. Corporation Name

HIGH TECH STAFFING SERVICES, INC.

Principal Place of Business	Mailing Address
10800 N. MILITARY TR. PALM BEACH GARDENS FL 33410	10800 N. MILITARY TR. PALM BEACH GARDENS FL 33410

3. Date of Incorporation or Qualification: **09/04/1987**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **65-0010484** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired: X **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation is subject to the provisions of Section 193.052, Florida Statutes: X Yes [ ] No

2. Principal Place of Business
21
22 State, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

LARKIN, MIMI K.
26 CAMBRIA DR W
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1 Sheldrake Lane
83
84 City Palm Beach Gardens FL 85 Zip Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this report 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. The undersigned accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	LARKIN, MIMI K.		12 NAME
STREET ADDRESS	1 SHELDRAKE LANE		13 STREET ADDRESS
CITY ST ZIP	PALM BCH GARDENS FL		14 CITY ST ZIP
TITLE	DV	[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	LARKIN, THOMAS J		22 NAME
STREET ADDRESS	1 SHELDRAKE LANE		23 STREET ADDRESS
CITY ST ZIP	PALM BCH GDN FL		24 CITY ST ZIP
TITLE		[ ] DELETE	31 TITLE [ ] Change [ ] Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY ST ZIP			34 CITY ST ZIP
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY ST ZIP			44 CITY ST ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY ST ZIP			54 CITY ST ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY ST ZIP			64 CITY ST ZIP

CR2E034 (12/95)

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: Mimi Larkin President 3-16-96 407-626-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR