

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K11047

1. Corporation Name

A-1 Temporary Services, Inc.

Principal Place of Business

Mailing Address

4410 N. State Rd 7
#201
Ft. Lauderdale, FL
33319

4410 N. State Rd 7
100
Ft. Lauderdale, FL
33319

3. Date Incorporated or Qualified
01/07/88

3a. Date of Last Report
04/22/96

2. Principal Place of Business

2a. Mailing Address

21 3300 N. University Dr.

26 3300 N. University Dr

4. FEI Number

65-0020730

Applied For

Not Applicable

22 Suite, Apt. #, etc.

403

27 Suite, Apt. #, etc.

403

5. Certificate of Status Desired

☒ \$6.75 Additional
Fee Required

23 City & State

Coral Springs, FL

28 City & State

Coral Springs, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

33065

25 Country

US

29 Zip

33065

30 Country

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Berliner, Alan
4410 N. State Rd. 7, #100
Fort Lauderdale, FL 33319

01 Name

Brooks, Edward

02 Street Address (P.O. Box Number is Not Acceptable)

3300 N. University Dr.

03

403

04 City

Coral Springs

FL

05 Zip Code

33065

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

Edward Brooks
Signature typed or printed name of registered agent and title if applicable

Edward Brooks

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME Brooks, Edward
STREET ADDRESS 4410 N. State Rd 7 #100
CITY-ST-ZIP Ft. Lauderdale, FL 33319

1.1 TITLE DPS
1.2 NAME Brooks, Edward
1.3 STREET ADDRESS 3300 N. University Dr. #403
1.4 CITY-ST-ZIP Coral Springs, FL 33065

TITLE DS
NAME Berliner, Alan
STREET ADDRESS 4410 N. State Rd 7, #100
CITY-ST-ZIP Ft. Lauderdale, FL 33319

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100002175501
-05/12/97--01133--041
***173.75

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Brooks, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Brooks

4/3/97

954 753-9722