

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

FILED

Apr 14 1997 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # K33208 (5)  
1. Corporation Name

LABOR FOR HIRE, INC.

|                                                                                |                                                                         |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>861 N.E. 44th Street<br>Pompano Beach, FL 33064 | Mailing Address<br>P.O. BOX 50462<br>Lighthouse Point, FL<br>33074-0462 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                 |                                     |
|-------------------------------------------------|-------------------------------------|
| 3. Date Incorporated or Qualified<br>09/09/1988 | 3a. Date of Last Report<br>02/12/97 |
|-------------------------------------------------|-------------------------------------|

|                                                                                 |                                                                                                                |                                                                                                                                                             |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 861 N.E. 44th Street<br>State Apt. #, etc. | 2a. Mailing Address<br>26 P.O. BOX 50462<br>State Apt. #, etc.                                                 | 4. FEI Number<br>65-0075897<br>Applied For<br>Not Applicable                                                                                                |
| 22 City & State<br>23 Pompano Beach, Florida                                    | 27 City & State<br>28 Lighthouse Point, Florida                                                                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                    |
| 24 Zip<br>33064                                                                 | 25 Country<br>USA                                                                                              | 29 Zip<br>33074-0462                                                                                                                                        |
| 30 Country<br>USA                                                               | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 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 |

9. Name and Address of Current Registered Agent

Bernstein, Dayton  
863 NE 44th Street  
Pompano Beach, Florida 33064

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                     |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> DELETE | 11 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                   |
|                                 | 12 NAME James Coath                                                                                                       |
|                                 | 13 STREET ADDRESS 8159 Mizner Lane                                                                                        |
|                                 | 14 CITY - ST - ZIP Boca Raton, FL 33433-1130 <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <input type="checkbox"/> DELETE | 21 TITLE                                                                                                                  |
|                                 | 22 NAME                                                                                                                   |
|                                 | 23 STREET ADDRESS                                                                                                         |
|                                 | 24 CITY - ST - ZIP                                                                                                        |
| <input type="checkbox"/> DELETE | 31 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                  |
|                                 | 32 NAME Eileen Bernstein                                                                                                  |
|                                 | 33 STREET ADDRESS 6317C Graycliff Drive                                                                                   |
|                                 | 34 CITY - ST - ZIP Boca Raton, FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| <input type="checkbox"/> DELETE | 41 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                   |
|                                 | 42 NAME Caryn Coath                                                                                                       |
|                                 | 43 STREET ADDRESS 8159 Mizner Lane                                                                                        |
|                                 | 44 CITY - ST - ZIP Boca Raton, FL 33433-1130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <input type="checkbox"/> DELETE | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
|                                 | 52 NAME                                                                                                                   |
|                                 | 53 STREET ADDRESS                                                                                                         |
|                                 | 54 CITY - ST - ZIP                                                                                                        |
| <input type="checkbox"/> DELETE | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
|                                 | 62 NAME                                                                                                                   |
|                                 | 63 STREET ADDRESS                                                                                                         |
|                                 | 64 CITY - ST - ZIP                                                                                                        |

14. I declare, by certifying 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 included in 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 name is that of 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 or in change 1 or on an attachment with an address.

SIGNATURE: Holly Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 27 1997

954-942-4044

Date

Daytime Phone

CR2E034 (9/96)

4/14/97