

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

APPROVED  
AND  
FILED

1997 JUN -9 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Amended**  
PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # K33208**  
1. Corporation Name

**LABOR FOR HIRE, INC.**

Principal Place of Business  
**861 N.E. 44th Street  
Pompano Beach, Fl. 33064**

Mailing Address  
**P.O.Box 50462  
Lighthouse Point, Fl  
33074-0462**

3. Date Incorporated or Qualified  
**09/09/1988**

3a. Date of Last Report  
**05/02/97**

2. Principal Place of Business  
**21 861 N.E. rrth Street**

2a. Mailing Address  
**26 P.O.Box 50462**

4. FEI Number  
**65-0075897**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 Pompano Beach, Florida**

City & State  
**28 Lighthouse Point, Florida**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24 33064**

Country  
**25 USA**

Zip  
**29 33074-0462**

Country  
**30 USA**

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**

**Bernstein, Dayton  
863 N.E. 44th Street  
Pompano Beach, Florida 33064**

**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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE ☐ DELETE  
NAME **PD Holly Willson**  
STREET ADDRESS **863 NE 44th Street**  
CITY-ST-ZIP **Pompano Beach, Fl. 33064**

11 TITLE ☐ Change ☐ Addition  
12 NAME **200002201052-2**  
13 STREET ADDRESS **-06/10/97-01020-013**  
14 CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE ☐ DELETE  
NAME **VP James Coath**  
STREET ADDRESS **863 NE 44th Street**  
CITY-ST-ZIP **Pompano Beach, Fl. 33064**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP Caryn Coath**  
STREET ADDRESS **8159 Mizner Lane**  
CITY-ST-ZIP **Boca Raton, Fl. 33496**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD Eileen Bernstein**  
STREET ADDRESS **6317C Graycliff Drive**  
CITY-ST-ZIP **Boca Raton, Fl. 33496**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **Dayton Bernstein**  
STREET ADDRESS **863 NE 44th Street**  
CITY-ST-ZIP **Pompano Beach, Fl. 33064**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **Dayton Bernstein**  
STREET ADDRESS **863 NE 44th Street**  
CITY-ST-ZIP **Pompano Beach, Fl. 33064**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUN - 5 1997**

954-942-4044

Date Daytime Phone #

CR2E034 (9/96)