FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 JUN -3 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01116** **(7)**

1. Corporation Name

FMA TEMPORARIES OF CHICAGO, INC.

Principal Place of Business	Mailing Address
% DAVID L DUNKEL 120 W HYDE PARK PLACE. S200 TAMPA FL 33606	% DAVID L DUNKEL 120 W HYDE PARK PLACE. S200 TAMPA FL 33606

3. Date Incorporated or Qualified: **07/11/1989**
3a. Date of Last Report: **08/15/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2938860** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNKEL, DAVID L
120 W HYDE PARK PLACE
S200
TAMPA FL 33606

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 607.1506, 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 _____ DATE
Signature, typed or printed name of New Registered Agent (if applicable) (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNKEL, DAVID L		1.2 NAME		
STREET ADDRESS	120 W HYDE PK PL, S200		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SUTTER, HOWARD W		2.2 NAME	Sutter, Howard W.	
STREET ADDRESS	5900 N ANDREWS AVE S826		2.3 STREET ADDRESS	500 W. Cypress Creek Rd. Suite 200	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	CP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COCCHIARO, RICHARD M		3.2 NAME	Cocchiaro, Richard M.	
STREET ADDRESS	20 N WACKER DR S1465		3.3 STREET ADDRESS	20 N. Wacker Dr. Ste. 1360	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOMINICI, PETER		4.2 NAME		
STREET ADDRESS	120 W HYDE PK PL S200		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RORECH, MAUREEN		5.2 NAME		
STREET ADDRESS	120 W. HYDE PARK PLACE, #200		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: David L Dunkel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Dunkel — Date: 5/30/96 — Daytime Phone #: 813-498-8845

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