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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L01116 (7)
1. Corporation Name
FMA TEMPORARIES OF CHICAGO, INC.

Principal Place of Business: % DAVID L DUNKEL, 120 W HYDE PARK PLACE, TAMPA FL 33606
Mailing Address: % DAVID L DUNKEL, 120 W HYDE PARK PLACE, TAMPA FL 33606-2340

3. Date Incorporated or Qualified: 07/11/1989
3a. Date of Last Report: 06/03/1996
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

2. Principal Place of Business
21. Suite, Apt. #, etc.: #150
22. City & State
23. Zip: 33606
24. Country: FL

9. Name and Address of Current Registered Agent
DUNKEL, DAVID L
120 W HYDE PARK PLACE
TAMPA FL 33606

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. SUITE #150
84. City: TAMPA
85. Zip Code: FL 33606

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS		DELETE
TITLE: DV	NAME: DUNKEL, DAVID L	<input type="checkbox"/>
STREET ADDRESS: 120 W HYDE PK PL, SUITE	CITY-ST-ZIP: TAMPA FL	
TITLE: DV	NAME: SUTTER, HOWARD W	<input type="checkbox"/>
STREET ADDRESS: 500 W. CYPRESS CREEK RD. SUITE 200	CITY-ST-ZIP: FT LAUDERDALE FL 33309	
TITLE: CR	NAME: COCCHIARO, RICHARD M	<input type="checkbox"/>
STREET ADDRESS: 20 N WACKER DR SUITE 1380	CITY-ST-ZIP: CHICAGO IL 60608	
TITLE: ST	NAME: DOMINICI, PETER	<input type="checkbox"/>
STREET ADDRESS: 120 W HYDE PK PL S20	CITY-ST-ZIP: TAMPA FL	
TITLE: DV	NAME: RORECH, MAUREEN	<input checked="" type="checkbox"/>
STREET ADDRESS: 120 W. HYDE PARK PLACE, #200	CITY-ST-ZIP: TAMPA FL	
TITLE: [Blank]	NAME: [Blank]	<input type="checkbox"/>
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE: CP	1.2 NAME: SUITE #150	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS: SUITE #150	1.4 CITY-ST-ZIP: [Blank]		
2.1 TITLE: 108002160521-6	2.2 NAME: -04/30/97--01063--019	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS: ***1485.00	2.4 CITY-ST-ZIP: ***165.00		
3.1 TITLE: D	3.2 NAME: [Blank]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS: [Blank]	3.4 CITY-ST-ZIP: [Blank]		
4.1 TITLE: DVT	4.2 NAME: SUITE #150	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS: [Blank]	4.4 CITY-ST-ZIP: [Blank]		
5.1 TITLE: DV	5.2 NAME: SUAREZ, JAMES D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS: 120 W. HYDE PARK PLACE, SUITE #150	5.4 CITY-ST-ZIP: TAMPA, FL 33606		
6.1 TITLE: S	6.2 NAME: CALABAZERA, THOMAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS: 120 W. HYDE PARK PLACE, SUITE #150	6.4 CITY-ST-ZIP: TAMPA FL 33606		

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] PETER DOMINICI (DVT) 4/20/97 813-251-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)