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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90061 022 ***158.75

DOCUMENT # L12799 1. Corporation Name

ACTION LABOR OF FLORIDA, INC.

Principal Flace of Business 30 CLEMARS 51 SURE 215 WEST PALM BEACH FL 33401 US 2. Principal Place of Business 2. Mailing Address 30. CLEMARS 51 PALM BEACH FL (3401) US 3. Date incorporated or Qualified 08(25)/1969 4. FEI Namber Suth April & Status Desired Scholar April & Status Desired City & Status City	ł							ALL BURLUNG BURLUNGS
Sufficiency	Principal Flac	e of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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3. Date is reported or Qualified Mg/Z/S/1989 21 Principal Place of Business 2. 2a. Mailing Address 2. 4. FEI Number 65-0137801	1 = · · ·					DO NOT HIDITS IN TO 10		
2. Princips Place of Business 2a, Mailing Address 4, FEI Nimber Applied For Not Applied Fo				3401			SPACE	
Suite, Apt. #, etc.			05			08/25/1989		
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address		· · ·	1		Applied For
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City & State City	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			€ Certificate of Status Desired		
Zip	22		27			3. Controlle of Chalas Besides	Fee_	Recuired
Zip Country Zip Country Zip Country Zip Country Zip Country Registered Agent Registered Agent Personal Property Tax. Yes No. 9, Name and Address of Current Registered Agent Personal Property Tax. Yes No. 10, Name and Address of New Registered Agent Registered Registered Agent Registered	City & Stat	te	City & State			6. Election Campaign Financing		
9. Name and Address of Current Registered Agent HOVER, KAREN A. 330 CLEMATIS STREET SUITE 215 W. PALM BEACH FL 33401 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuan it to the provisions of Science 607 0502 and 607 1508, Florida Statutes, the above-named co poration submit it this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATUR:	23					Trust Fund Contribution	Adde	ed to Fees
9. Name and Address of Current Registered Agent HOOVER, KAREN A. 330 CLEMATIS STREET SUITE 215 W. PALM BEACH FL 33401 22. Street Address (P.O. Box Number is Not Acceptable) 33. 14. Pursuant to the provisions of Sections 607 6502 and 607 1508, Fibrids Statutes, the above-harmed co poration submit is this statement for the purpose of changing its registered digner, or both in the Statute of Change was utilinoed on registered agent, or both in the Statute of Change and Control of Control o	Zip			_ `	'			
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HOOVER, KAREN A. 330 CLEMATIS STREET SUITE 215 W. PALM BEACH FL 33401 11. Pursuanit to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submit i his statement for the purpose of changing lis migistered office or registered agent, or both, in the State or Florida. Such change was sutherized by the corporation's board of director's. I hereby accept the apprintment as registered agent, and familiar with, and accept the obligation story, Section 607.0503, Florida Statules. SIGNATURE SIGNATURE SIGNATURE SUBMANAR WAY 12. OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD HOOVER, KAREN A. STREET ADDRESS CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. W. PALM BEACH FL 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. W. PALM BEACH FL 14. TITLE 15. TITLE	ļ	9. Name and Address of Curre	nt Registered Agent		T :	10. Name and Address of New Registered	Agent	
330 CLEMATIS STREET SUITE 215 W. PALM BEACH FL 33401 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	HOO	N/ED KADEN A		81	Name			
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B4 City File B5 Zip Code				83	1			
11. Pursuant to the provisions of Sc stions 607 0502 and 607 1508, Florida Statues, the above-named co poration submit; this statement for the purpose of changing its inspistered office or registered agent, or both, in the State or Florida, Such change was cuthorized by the corporation's board of directors. I hereby accept the apprintment as registered office or registered agent, and statutes. SIGNATURE: SIGNATURE: Signature, hyper or printed agent accept the obligations of, Section 607 0505, Ficrida Statutes. SIGNATURE: Signature, hyper or printed agent accept the obligations of, Section 607 0505, Ficrida Statutes. In familiar with, and accept the obligations of, Section 607 0505, Ficrida Statutes. SIGNATURE: Signature, hyper or printed agent accept the obligations of, Section 607 0505, Ficrida Statutes. In familiar with, and accept the obligations of, Section 607 0505, Ficrida Statutes. SIGNATURE: Signature, hyper or printed agent, or both, in the State or Florida, Such change was cuthorized by the corporation's board of directors. I hereby accept the apprintment as registered agent accept the apprintment as registered demonstrations of social statutes. SIGNATURE: Signature, hyper or printed agent, or both, in the State of Florida, Statutes. In familiar with, and accept the obligations of, Section 607 0505, Ficrida Statutes. In familiar with, and accept the obligations of, Section 607 0505, Ficrida Statutes. In familiar with, and accept the apprintment as registered demonstrations of defended agent accept the apprintment as registered demonstrations of social statutes. In familiar with, and accept the policy accept the apprintment as registered demonstrations of social statutes. In familiar with, and accept the policy accept the apprintment as registered demonstrations of social statutes. In familiar with, and accept the policy accept the apprintment as registered demonstrations. In familiar with, and accept the policy accept the policy accept the corporation's board of directors. I hereby) VV. F	ALM DEACH PL 33401		84	City		85 7	in Code
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Signature, Typed or printed raine of registered agent and life! if approximate 12	office or a agent. I a	egistered agent, or both, in the State	i of Florida. Such change was a	uthorized by	the corpo	orazion's board of directors. I hereby accept the appoi	ntment as	registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 3 IN 12 17 17 17 17 17 17 17	SIGNATURE	Signature, typed or printed nan e of registered age	ent : nd title if applicable (NOTE	Registered Age	nt signature re	equi ed when reinstating) DATE		
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GIP-GI-ZIF	!				1			
	TITLE		DELETE				Chanc	ge] Addition

14. I 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 cer ify 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 are an officer or director of the corporation or the receiver or trusted 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (

NAME

STREET ADDRESS

PROMOTURE AND TYPED OR PRIVITED NAME OF SIGNING OFFICER OF DIRECTOR

4 26 99 561 659 5901

CB2E03/ (11/08)