

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L23743 (2)

1. Corporation Name

CREATIVE STAFFING OF CENTRAL FLORIDA, INC.

Principal Place of Business

**7700 NORTH KENDAL DRIVE
SUITE 408
MIAMI FL 33156**

Mailing Address

**7700 NORTH KENDAL DRIVE
SUITE 408
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

07/15/1994

4. FEI Number

65-0153492

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. 193.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

300

23

City & State

26

Suite, Apt. #, etc.

27

300

28

City & State

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDS, GEORGE R P.A.
701 BRICKELL AVE.
STE. 1200
MIAMI FL 33133**

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

TITLE

D

NAME

MACHADO, ANN P.

STREET ADDRESS

7700 N. KENDALL DR., #300

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

BARTON, ANA M

STREET ADDRESS

7700 N KENDALL DR., #300

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

MACHADO, JOSEPH C

STREET ADDRESS

7700 N. KENDALL DR., #300

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

MACHADO, CHRISTINE A

STREET ADDRESS

7700 N. KENDALL DR., #300

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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, as required, or on an attachment with an address.

SIGNATURE:

Ana M Barton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M Barton 4-17-95 279-7799
Date Daytime Phone #