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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # L36081 (2)

1. Corporation Name
TEMPS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3710 CORPOREX PARK DR SUITE 300 TAMPA FL 33619	3710 CORPOREX PARK DR SUITE 300 TAMPA FL 33619-1160

3. Date Incorporated or Qualified: **12/14/1989**
3a. Date of Last Report: **03/18/1996**

4. FEI Number: **59-2984344** ☐ 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	2a. Mailing Address
21 10002 PRINCESS PALM AVE	26 10002 PRINCESS PALM AVE
Suite, Apt. #, etc. 22 SUITE 304	Suite, Apt. #, etc. 27 SUITE 304
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33619 / 25 USA	Zip / Country 29 33619 / 30 USA

9. Name and Address of Current Registered Agent

KLINGHOFFER, MEL
3710 CORPOREX PARK DR., STE. 300
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: THOMAS D. HARRINGTON JR
82 Street Address (P.O. Box Number is Not Acceptable): 10002 PRINCESS PALM AVE.
83 SUITE 304
84 City: TAMPA **FL** 85 Zip Code: 33619

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: Thomas D. Harrington Jr. 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addit
NAME	MOORE, M. MARC		1.2 NAME	ANA BEDRAN	
STREET ADDRESS	18 BAHAMA CIRCLE		1.3 STREET ADDRESS	10002 PRINCESS PALM AVE, SUITE 30	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	☒ DELETE	2.1 TITLE	P/D/C	☒ Change ☐ Add
NAME	KLINGHOFFER, MEL		2.2 NAME	MEL KLINGHOFFER	
STREET ADDRESS	4604 CLARKSDALE LANE		2.3 STREET ADDRESS	4604 CLARKSDALE LANE	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	BRANDON FL 33511	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Ad
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ac
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: MEL KLINGHOFFER 4/9/97 (813) 623-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #