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

DOCUMENT # **M99498** **(1)**

1. Corporation Name

ARBETTER PERSONNEL, INC.

Principal Place of Business	Mailing Address
801 W 49TH ST STE 216 P O BOX 2578 HIALEAH FL 33012-0561	801 W 49TH ST STE 216 P O BOX 2578 HIALEAH FL 33012-0561

3. Date Incorporated or Qualified: 09/21/1988	3a. Date of Last Report: 06/12/1995
4. FEI Number: 65-0074331	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KURAU, ROBERT J.
241 GREENWOOD DRIVE
MIAMI FL 33149

10. Name and Address of New Registered Agent

81 Name	KURAU DAVID D.
82 Street Address (P.O. Box Number is Not Acceptable)	801 W 49 St #216
83	~~Hialeah~~
84 City	Hialeah FL 85 Zip Code 33012

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: DAVID KURAU DATE: 1/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KURAU, ROBERT J.		1.2 NAME	KURAU, ROBERT J.	
STREET ADDRESS	241 GREENWOOD DRIVE		1.3 STREET ADDRESS	801 W 49 St #216	
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	DST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KURAU, MARY V.		2.2 NAME		
STREET ADDRESS	241 GREENWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-ST-ZIP		
TITLE	PVD	☐ DELETE	3.1 TITLE	PVSTD	☒ Change ☐ Addition
NAME	KURAU, DAVID D		3.2 NAME	KURAU, DAVID D.	
STREET ADDRESS	10511 NW 21 ST		3.3 STREET ADDRESS	801 W 49 ST #216	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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 if changed, or on an attachment with an address.

SIGNATURE: DAVID D KURAU 1/2/96 305 827-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #