


FILE NOW: FILING FEE IS \$61.25

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04-30-1999 90113 019 ****61.25

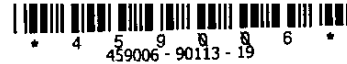
NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005769

1. Corporation Name
STAFFPAC, INC.

Principal Place of Business
**1000 N MAGNOLIA AVE
 SUITE A
 ORLANDO FL 32803
 US**

Mailing Address
**1000 N MAGNOLIA AVE
 SUITE A
 ORLANDO FL 32803
 US**



2. Principal Place of Business 3910 RCA BLVD., STE 1001 Suite, Apt. #, etc. 22	2a. Mailing Address 3910 RCA BLVD., STE 1001 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/27/1993
23. City & State PALM BEACH GARDENS, FL	28. City & State PALM BEACH GARDENS, FL	4. FEI Number NOT APPLICABLE
24. Zip 33410	29. Zip 33410	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country USA	30. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HERRING, ROBERT R 1000 N MAGNOLIA AVE SUITE A ORLANDO FL 32803	10. Name and Address of New Registered Agent 81 Name JEFFREY S. BURNETT 82 Street Address (P.O. Box Number is Not Acceptable) 3910 RCA BLVD., STE 1001 83 84 City PALM BEACH GARDENS, FL 85 Zip Code 33410
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Jeffrey S. Burnett* **JEFFREY S. BURNETT** **4/28/99**
Signature type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRING, ROBERT R	1.2 NAME	JEFFREY S. BURNETT
STREET ADDRESS	1000 N MAGNOLIA AVE SUITE A	1.3 STREET ADDRESS	3910 RCA BLVD., STE 1001
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRING, BENNETT R	2.2 NAME	ROBERT E CLAYMAN
STREET ADDRESS	1000 N MAGNOLIA AVE SUITE A	2.3 STREET ADDRESS	3910 RCA BLVD., STE 1001
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRING, ROBERT	3.2 NAME	ROBERT GALLAGHER
STREET ADDRESS	1000 N. MAGNOLIA AVE.	3.3 STREET ADDRESS	3910 RCA BLVD., STE 1001
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, BARBARA	4.2 NAME	
STREET ADDRESS	1000 N MAGNOLIA AVE SUITE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 617, 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.

SIGNATURE: *Jeffrey S. Burnett* **JEFFREY S. BURNETT** **4/28/99 (561)627-6507**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0016787

CR2E037 (11/98)