Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002006

1. Corporation Name

FLORIDA ASSOCIATION OF TEMPORARY SERVICES ORGANI ZATIONS, INC.

Principal Place of Business

Mailing Address

30750 U.S. 19 NORTH PALM HARBOR FL 34684

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

P.O. BOX 4699 **CLEARWATER FL 33758**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26



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SECRETARY OF STATE TALL AHASSIE, FLORIDA

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/15/1996

4. FEI Number 59-3590168

Zip Country	Zip 30	Country		6. Election Campaign Financing Trust Fund Contribution S Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
		81	Name	
D & B CORPORATE SERVICES, INC.			62 Street Address (P.O. Box Number is Not Acceptable)	
30750 US 19 NORTH				
PALM HARBOR FL 34684				
		84	City	FL 85 Zip Code
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 obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12. OFFR	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	☐ DELETE	1.1 TIFLE		Change Addition
NAME MONGELLUZZI, FRANK	.м	1.2 NAME		
STREET ADDRESS 30750 US 19 NORTH		1.3 STREET	ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 346	84 [1.4 CITY-ST	-ZIP	
TITLE D		21 TITLE		Change Addition
MONGELLUZZI, CHRIST	ropher f	22 NAME		
STREET ADDRESS 30750 US 19 NORTH		2.3 STREET	ADDRESS	4000029527641 -08/06/9901067004
CITY-ST-ZIP PALM HARBOR FL 346			-ZIP	<u>-08/06/9301067004</u>
TITLE D	DELETE	31 TITLE		*****61.25 国和中 中的1 2 9600
NAME DEEB, BRIAN P		3.2 NAME		
STREET ADDRESS 30750 US 19 NORTH	į	3.3 STREET	ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 346		34. CITY-ST	-ZIP	
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	j	5.3 STREET		
CITY-ST-ZIP		5.4 CITY-ST	-Z#P	
TITLE	☐ DELETE	6.1 TITLE		□ Change □ Addition
NAME	1	6.2 NAME	}	
STREET ADDRESS	İ	6.3 STREET	-	7,400
CITY-ST-ZIP		6.4 CITY-ST	·ZIP	

report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with an address with all other like empowered. Indicated on this annual report or supplied with this limit officer or director of the corporation or the receiver or trus Block 12 or Block 13 if changed, or on an attachment with

SIGNATURE:

Will DIRECTOR

(721)