

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90074 040 \*\*\*150.00

DOCUMENT # P18758

1. Corporation Name

LEGAL STAFFING, INC.

Principal Place of Business

175 BROAD HOLLOW RD  
MELVILLE NY 11747  
US

Mailing Address

175 BROAD HOLLOW  
MELVILLE NY 11747  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1988

4. FEI Number

72-1116225

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PISKE, III R	
STREET ADDRESS	849 WILSHIRE	
CITY-STATE-ZIP	METairie LA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	QUATROY, KATHLEEN G	
STREET ADDRESS	212 EDEN ISLES BLVD.	
CITY-STATE-ZIP	SLIDELL LA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TVRANO, III J A	
STREET ADDRESS	11526 S. LOU-AL	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONTAINI, W	
STREET ADDRESS	104 RANDOM OAKS	
CITY-STATE-ZIP	MANDEVILLE LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PUGUSI, A J	
STREET ADDRESS	773 BEAU CHENE DR.	
CITY-STATE-ZIP	MANDEVILLE LA 70448	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LADERROUTE, JR L	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-STATE-ZIP	MELVILLE NY 11747	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM A COSTANTINI
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, 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: *Lauren L. Laderoute* LAUREN L. LADERROUTE 4/20/99 516-844-7260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)