

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

DOCUMENT # P18758

Corporation Name
LEGAL STAFFING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 019 ***150.00

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME PISKE, III R

STREET ADDRESS 849 WILSHIRE

CITY-ST-ZIP METAIRIE LA

TITLE AS ☒ DELETE

NAME QUATROY, KATHLEEN G

STREET ADDRESS 212 EDEN ISLES BLVD.

CITY-ST-ZIP SUDELL LA

TITLE P ☐ DELETE

NAME TVRANO, III J A

STREET ADDRESS 11526 S. LOU-AL

CITY-ST-ZIP HOUSTON TX

TITLE DV ☐ DELETE

NAME CONTAINI, W

STREET ADDRESS 104 RANDOM OAKS

CITY-ST-ZIP MANDEVILLE LA

TITLE T ☐ DELETE

NAME PUGUSI, A J

STREET ADDRESS 773 BEAU CHENE DR.

CITY-ST-ZIP MANDEVILLE LA 70448

TITLE VS ☐ DELETE

NAME LADEROUTE, JR L

STREET ADDRESS 175 BROAD HOLLOW RD

CITY-ST-ZIP MELVILLE NY 11747

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WILLIAM P COSTANTINI

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
4/28/00