

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 # P22170 (5)

1. Corporation Name

UNIFORCE SERVICES, INC.

Principal Place of Business

**1335 JERICHO TURNPIKE
NEW HYDE PARK NY 11040-4613**

Mailing Address

**1335 JERICHO TURNPIKE
NEW HYDE PARK NY 11040-4613**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1988		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-1996648		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name The Prentice-Hall Corporation System Inc.		
				82	Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street		
				83	Suite Suite 105		
				84	City Tallahassee	85	Zip Code FL 32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNING, JOHN	1.2 NAME	
STREET ADDRESS	1335 JERICHO TPKE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW HYDE PARK NY	1.4 CITY-STATE-ZIP	
TITLE	EVPD <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, ROSEMARY	2.2 NAME	
STREET ADDRESS	1335 JERICHO TPKE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW HYDE PARK NY	2.4 CITY-STATE-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	3.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARRONE, HARRY	3.2 NAME	
STREET ADDRESS	1335 JERICHO TURNPIKE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW HYDE PARK NY	3.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, DIANE J.	4.2 NAME	
STREET ADDRESS	1335 JERICHO TURNPIKE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW HYDE PARK NY	4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

Diane J. Geller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane J. Geller

2/29/96

(516)437-3300

Date

Daytime Phone #

CR2E034 (12/95)