

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16 1998 8:00am
Secretary of State

DOCUMENT # P29761 (4)

1. Corporation Name

HOSPITALITY RESOURCES STAFFING, INC.

Principal Place of Business

2000 CENTER POINT DR.
SUITE 2275
COLUMBIA SC 29221

Mailing Address

P.O. BOX 210963
COLUMBIA SC 29221-0963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1990

4. FEI Number

57-0912674

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1901 MAIN ST.

Suite, Apt #, etc.

22 SUITE 1150 MAIL CODE 1505

City & State

23 COLUMBIA, S.C.

Zip

Country

24 29201

2a. Mailing Address

26 1901 MAIN ST.

Suite, Apt #, etc.

27 SUITE 1150 MAIL CODE 1505

City & State

28 COLUMBIA, S.C. X

Zip

Country

29 29201

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	FABER, TIMOTHY B	
STREET ADDRESS	2000 CENTER POINT DR.	
CITY-ST-ZIP	COLUMBIA SC 29221	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BASS, DAVID	
STREET ADDRESS	2000 CENTER POINT DR.	
CITY-ST-ZIP	COLUMBIA SC 29221	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	CROSS, W. CHUCK	
STREET ADDRESS	2000 CENTER POINT DR.	
CITY-ST-ZIP	COLUMBIA SC 29221	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CROSS, W. CHUCK	
STREET ADDRESS	2000 CENTER POINT DR.	
CITY-ST-ZIP	COLUMBIA SC 29221	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BASS, DAVID	
STREET ADDRESS	2000 CENTER POINT DR.	
CITY-ST-ZIP	COLUMBIA SC 29221	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1901 MAIN ST. STE 1150 MAIL CODE 1505
1.4 CITY-ST-ZIP	COLUMBIA, S.C. 29201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1901 MAIN ST. STE. 1150 MAIL CODE 1505
2.4 CITY-ST-ZIP	COLUMBIA, S.C. 29201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1901 MAIN ST. STE 1150 MAIL CODE 1505
3.4 CITY-ST-ZIP	COLUMBIA, S.C. 29201
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1901 MAIN ST. STE. 1150 MAIL CODE 1505
4.4 CITY-ST-ZIP	COLUMBIA, S.C. 29201
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1901 MAIN ST. STE. 1150 MAIL CODE 1505
5.4 CITY-ST-ZIP	COLUMBIA, S.C. 29201
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Bass

DAVID BASS

1/26/98

CR2E034 (10/97)