

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 # *P31043 (3)*
1. Corporation Name
TEMP FORCE, INC.



Principal Place of Business

Mailing Address

177 CROSSWAYS PARK DR.
WOODBURY NY 11797
US

177 CROSSWAYS PARK DR.
WOODBURY NY 11797
US

3. Date Incorporated or Qualified

9/18/90

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

11-2815086

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

TITLE *VPT* ☐ DELETE

NAME *DROCKMAN, MICHAEL*
STREET ADDRESS *61 HUNTING HILL DR.*
CITY - ST - ZIP *DIX HILLS, NY*

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE *VP* ☐ DELETE

NAME *REINECKE, MICHAEL*
STREET ADDRESS *37 SPRING MEADOW DR.*
CITY - ST - ZIP *KINGS PARK, NY*

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME *REINECKE, MIKE*
2.3 STREET ADDRESS *177 CROSSWAYS PARK DR.*
2.4 CITY - ST - ZIP *WOODBURY, NY 11797*

TITLE *P* ☐ DELETE

NAME *REDA, FRANK*
STREET ADDRESS *405 FAIRWAY GREEN*
CITY - ST - ZIP *MAMARONECK, NY*

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE *DUP* ☐ Change ☒ Addition

4.2 NAME *CALABRO, ROBERT*
4.3 STREET ADDRESS *392 PARK AVE*
4.4 CITY - ST - ZIP *LEAPOM NY 11787*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CALABRO

Date

4/2/96 (516) 682-1400

Signature Printed

SG-41-18-96