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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
TEMP FORCE INC

P31043

(3)

FILED May 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 177 CROSSWAYS PARK DRIVE 177 CROSSWAYS PARK DRIVE WOODBURY NY 11797 WOODBURY NY 11797-2016								
							3. Date Incorporated or Qualified	
2. Principal	Place of Business	2a. Mailing A	ddress				4. FEI Number Applied For	
21		26					11-2815086 Not Applica	
Suite, Api	t #, etc	Suite, Apt	. #, etc.				5. Certificate of Status Desired Fee Regulred	- (
[22] City & St	ate	City & Sta	ite				6. Election Campaign Financing \$5.00 May Be	-
23	···-	28					Trust Fund Contribution Added to Fees	ŀ
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032.	
24	25	29		30			Florida Statutes Yes No	
	9. Name and Address of Cur ORPORATION SERVICE COMP		nt		81	Name	10. Name and Address of New Registered Agent	
	ORPORATION SERVICE COMP 201 HAYS STREET	PANT			01	Name		
	ALLAHASSEE FL 32301				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	\neg
•	UPPHINOOPE I P DESCI				83			
					84	City	FL 85 Zip Code	
office or agent. I SIGNATURE							oration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registered when reinstating) DATE	a
12.		AND DIRECTORS	1001	13.	a nge	ant eightatoro racion	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIFLE	VPT		DELETE	1.1 T/	TLE		☐ Change ☐ Addi	lion
NAME	DRUCKMAN, MICHAEL			1.2 N/	AME			
STREET ADDRESS				1.3 \$1	REET	ADDRESS		
CITY-ST-ZIP	DIX HILLS NY			_		ST-ZIP		
HITLE	VP	l	DELETE	2.1 1)		1	Change Addi	ion
NAME,	RIENECKE, MIKE 177 CROSSWAYS PARK	DRIVE		2.2 N/				
STREET ADDRESS	WOODBURY NY 11797	DTIVE				ADDRESS		
CITY ST-712	p		DELETE	2 4 C		ST-ZIP	Change Addi	lion
T.TLÜŋ' NAME	REDA, FRANK	<u></u>	g pickeli.	3.2 N		\	First Assemble Fill Sport	
STREET ADORESS	ANE ENDMAY ODEEN					ADDRESS		
CITY-St-ZiP	MAMARONECK NY					ST-ZIP		
TITLE	AVP	<u> </u>	DELETE	4.1 T/			Change Addi	lion
NAME	CALABRO, ROBERT			4. 2 N				
STREET ADDRESS	3932 PARK AVE			1		ADDRESS		
0/1Y-SI-7/P	SEAFORD NY 11783			44 CI	ITY-S	ST-ZIP		
Title			DELETE	5.1 Ti	TLE		Change Addi	lion
NAME				5.2 N	AME	}	•	
STREET ADDRESS	s			5.3 S	TREET	ADDRESS		
CHY-ST-ZiP						ST-ZIP		
THILE		L	DELETE	6.1 T		-	Change Addi	lion
NAMÉ				6.2 N				[
STREET ADDRESS	5					ADDRESS		
CHY-ST-ZP	T .			64 C	rty-S	ST-2IP		- 1

14. I do 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 have 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 ame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HORMOUNE REPARED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006160