FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33004** **(3)**

1. Corporation Name
MRA STAFFING SYSTEMS, INC.

Principal Place of Business	Mailing Address
7771 WEST OAKLAND PARK BLVD., SUITE #200 FT. LAUDERDALE FL 33351	7771 WEST OAKLAND PARK BLVD., SUITE #200 FT. LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1991
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0180825 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 the 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	KLINK, FREDRIC J.	12 NAME		
STREET ADDRESS	POND HILL, WILSON POINT	13 STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT	14 CITY-ST-ZIP		
TITLE	~~PD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~ELMSLIE, JAMES~~	22 NAME		
STREET ADDRESS	~~11030 NW 28TH ST.~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	BERGBAUER, MICHAEL	32 NAME		
STREET ADDRESS	9237 NW 13TH PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, CLIVE	42 NAME		
STREET ADDRESS	20A CHURCH ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	WELWYN GARDN,ENGLAND	44 CITY-ST-ZIP		
TITLE	~~V~~	51 TITLE		☐ Change ☐ Addition
NAME	~~COLLINS, JOAN~~	52 NAME		
STREET ADDRESS	~~2073 SW BRIGHTON WAY~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~PALM CITY FL~~	54 CITY-ST-ZIP		
TITLE	~~V~~	61 TITLE		☐ Change ☐ Addition
NAME	~~GREENLAND, GREGORY~~	62 NAME		
STREET ADDRESS	~~3220 NW 107TH AVE.~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	64 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)(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: _____ Mike Bergbauer 4/27/95 305-748-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230110 CP