

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P34274 (1)

1. Corporation Name
UNIFORCE STAFFING SERVICES, INC.

Principal Place of Business
1335 JERICHO TURNPIKE
NEW HYDE PARK NJ 11040

Mailing Address
1335 JERICHO TURNPIKE
NEW HYDE PARK NJ 11040-4613



3. Date Incorporated or Qualified 06/12/1991
3a. Date of Last Report 03/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 415 Crossways Park Drive		26 415 Crossways Park Drive		11-2638211		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Woodbury, NY		28 Woodbury, NY		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 11797		Zip 11797		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FANNING, JOHN		1.2 NAME				
STREET ADDRESS	1335 JERICHO TURNPIKE		1.3 STREET ADDRESS	415 Crossways Park Drive			
CITY-ST-ZIP	NEW HYDE PARK NY		1.4 CITY-ST-ZIP	Woodbury, NY 11797			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MANISCALCO, ROSEMARY		2.2 NAME				
STREET ADDRESS	1335 JERICHO TURNPIKE		2.3 STREET ADDRESS	415 Crossways Park Drive			
CITY-ST-ZIP	NEW HYDE PARK NY		2.4 CITY-ST-ZIP	Woodbury, NY 11797			
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GELLER, DIANE J.		3.2 NAME				
STREET ADDRESS	1335 JERICHO TURNPIKE		3.3 STREET ADDRESS	415 Crossways Park Drive			
CITY-ST-ZIP	NEW HYDE PARK NY		3.4 CITY-ST-ZIP	Woodbury, NY 11797			
TITLE	DVT	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MACCARRONE, HARRY		4.2 NAME				
STREET ADDRESS	1335 JERICHO TURNPIKE		4.3 STREET ADDRESS	415 Crossways Park Drive			
CITY-ST-ZIP	NEW HYDE PARK NY		4.4 CITY-ST-ZIP	Woodbury, NY 11797			
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-ST-ZIP			5.4 CITY-ST-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-ST-ZIP			6.4 CITY-ST-ZIP				

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 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]* 4/24/97 (516) 437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)