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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002465 (2)

1. Corporation Name

A STAFFING CONNECTION, INC.

Principal Place of Business

11911 US HWY ONE
S-201
N PALM BCH FL 33408

Mailing Address

C/O ACTION LABOR MANAGEMENT, INC.
330 CLEMATIS STREET, SUITE 215
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0362963

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

2. Principal Place of Business

21 330 CLEMATIS STREET

Suite, Apt. #, etc.

22 Suite 215

City & State

23 West Palm Beach FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

28 33401

Country

29 USA

9. Name and Address of Current Registered Agent

HOOVER, KAREN A
200 MIRAMAR WAY
W PALM BCH FL 33409

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOVER, KAREN A
STREET ADDRESS 1920 PALM BCH LAKES BLVD #211
CITY - ST - ZIP W PALM BCH FL

TITLE D
NAME ERCOLANO, MICHAEL R
STREET ADDRESS 6207 UNGERER ST
CITY - ST - ZIP N PALM BCH. FL 33418

TITLE T
NAME HOOVER, NOEL A
STREET ADDRESS 1920 PALM BCH LAKES BLVD #211
CITY - ST - ZIP W PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

330 CLEMATIS STREET #215
W. Palm Bch FL 33401

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

330 CLEMATIS STREET #215
W. Palm Bch FL 33401

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(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 member or trustee empowered to execute this report as required by Chapter 007, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN A. HOOVER, PRESIDENT

Date

11/15/95 4:07 PM