

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeff B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 23 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9920600 02537
1. Corporation Name
Outsource International, Inc.

Principal Place of Business Mailing Address
3272 W. Hillsboro Blvd., 318 E PALMETTO
Deerfield Beach, FL 33442 PARK RD
BOCA RATON
FL 33432

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	2b	11/2/92	1994
22 Suite, Apt. #, etc.	23 City & State	4. FEI Number	Applied For
24 Zip	25 Country	65-0363652	Not Applicable
26	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
28	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	31	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Patricia Y. Cohen & Associates, P.A.
318 E. Palmetto Park Rd.
Boca Raton, FL 33432

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 Patricia Y. Cohen 5/26/95

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P, S, T	11 TITLE	
NAME	James R. Williams, JR.	12 NAME	
STREET ADDRESS	3272 W. Hillsboro Blvd	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	300001522963
STREET ADDRESS		23 STREET ADDRESS	-06/26/95--01041--015
CITY-ST-ZIP		24 CITY-ST-ZIP	***225.00 ***225.00
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: James R. Williams, JR. 5/26/95 4073953200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR