

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000015722 (0)

1. Corporation Name

LABOR RESOURCES, INC.



Principal Place of Business

1121A S 21ST AVE
HOLLYWOOD AV 33020
US

Mailing Address

1121A S 21ST AVE
HOLLYWOOD AV 33020
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0391204

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

SHARFF, BURTON G
2315 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406

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 date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	KAHL, JUDITH	
STREET ADDRESS	1121A S 21ST AVE	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COATH, JAMES	
STREET ADDRESS	1121A S 21ST AVE	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, ERNEST	
STREET ADDRESS	1121A S 21ST AVE	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LISNEK, PHILIP	
STREET ADDRESS	1121A S 21ST AVE	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLSON, HOLLY	
STREET ADDRESS	1121A S 21ST AVE	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COATH, CARYN	
STREET ADDRESS	1121A 21ST AVE	
CITY- ST- ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. COATH

Date:

1-25-96

Daytime Phone #

884-949-5522

CR2E034 (12/95)