


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

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Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000033643 (6) 1. Corporation Name LABOR FINDERS OF THE TREASURE COAST, INC.					
Principal Place of Business P.O. BOX 2762 STUART FL 34995			Mailing Address P.O. BOX 2762 STUART FL 34995		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/06/1993 4. FEI Number 59-3180720 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCKENZIE, JAMES J 551 SE NORSEMAN DRIVE PORT ST. LUCIE FL 34984			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 reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PD NAME MCKENZIE, JAMES J STREET ADDRESS 551 SE NORSEMAN DRIVE CITY-ST-ZIP PT. ST. LUCIE FL 34984 DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE VICE PRESIDENT 2.2 NAME PAUL INGUI 2.3 STREET ADDRESS 3006 SW SUNSET TRACE CIR 2.4 CITY-ST-ZIP PALM CITY, FL 34990 3.1 TITLE VICE-PRESIDENT 3.2 NAME GLEN MIRKOVICH 3.3 STREET ADDRESS 2675 SE FEDERAL HWY, #14 3.4 CITY-ST-ZIP STUART, FL 34994 4.1 TITLE SECRETARY 4.2 NAME DAWN INGUI 4.3 STREET ADDRESS 3006 SW SUNSET TRACE CIR 4.4 CITY-ST-ZIP PALM CITY, FL 34990 5.1 TITLE TREASURER 5.2 NAME DAWN INGUI 5.3 STREET ADDRESS 3006 SW SUNSET TRACE CIR 5.4 CITY-ST-ZIP PALM CITY, FL 34990 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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:

FILED

1/98

561-398-1250

CR2E034 (10/97)