Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90084 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300057055

1. Corporation Name

PROFESSIONAL STAFF MANAGEMENT, INC.

Principal Place of Business Mailing Address					א וולנו מתושר תוו ותתוולטטו ו) (Aliii 18911 48101 2	1481 6111 1981
6414 14TH ST.	w	6414 14TH ST. W						
1.1		BRADENTON FL 34207	DENTON FL 34207		DO NOT	WRITE IN THIS	SPACE	
US US				3. Date Incorporated or Qua		3 GF ACE		
					08/11/1993	iii CG		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
	lace of Business	26			59-3196182		_ 	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 AG	
22		27			5. Certifcate of Status Desire	ed 🔲	Fee Req	uired
City & State	e 1 = 4.	City & State ~			6. Election Campaign Finan	cing •m²	\$5.00 N	/lay Be
23		28			Trust Fund Contribution		Added to	•
Zip	Country	Zip	Country		8. This corporation owes the	current year In	tangible	
24	25	29 30	0		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered	Agent	
			81	Name		,	,	ł
SULLIVAN, DANIEL J		82	82 Street Address (P.O. Box Number is Not Acceptable)		ceptable)			
	14TH ST W							
BRAI	DENTON FL 34207		83					
			84	City			85 Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				,		FL	<u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corpo	pration's board of directors. I hereby	accept the appo	intment as regi	istered
SIGNATURE				•				ļ
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Ager		equired when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Ager		ADDITIONS/CHANGES TO			
	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: Re	egistered Ager 13. 1.1 TITLE		ADDITIONS/CHANGES TO		ND DIRECTOR	RS IN 12
12.	Signature, typed or printed name of registered ageni OFFICERS ANI D BONGART, EDWARD	t and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature re	ADDITIONS/CHANGES TO VP DUNCAN, JOEL			
12.	Signature, typed or printed name of registered agent OFFICERS ANI D BONGART, EDWARD 6414 14TH ST, W	t and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature re	ADDITIONS/CHANGES TO VP DUNCAN, JOEL 6444 1474 STW	O OFFICERS A		
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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 suppliemental 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 an an attachment with an address with all other like empowered. officer or director of the corporation Block 12 or Block 13 if changed, or

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6414 14TH STREET W

BRADENTON FL 34207

941-755-4634