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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058994 (3)

1. Corporation Name

LABOR CONSULTING ASSOCIATES, INC.



Principal Place of Business

P.O. BOX 15691
PLANTATION FL 33318

Mailing Address

P.O. BOX 15691
PLANTATION FL 33318

3. Date Incorporated or Qualified
08/23/1993

3a. Date of Last Report
09/21/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

DAVIS, JOHN
9544 N.W. 8TH CIRCLE
PLANTATION FL 33324

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 P
NAME DAVIS, JOHN
STREET ADDRESS 9544 N.W. 8TH CIRCLE
CITY-STATE-ZIP PLANTATION FL 33324

TITLE VP
NAME MULLENS, ROBERT
STREET ADDRESS 4210 NW 10TH ST. B
CITY-STATE-ZIP COCONUT GROVE FL 33063

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

1/26/96

(954) 316-9828

Date

Daytime Phone #

CR2E034 (12/95)