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

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

OAKLAND PK FL 33309

**STE 160** 

3230 W COMMERCIAL BLVD.



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000060360 (3)

PRIME TIME TEMPORARY STAFFING, INC.

Mailing Address 3230 W COMMERCIAL BLVD. STE 160 OAKLAND PK FL 33309

**FILED** May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

US				US				3. Date Incorporated or Qualified			
2. Principal Place of Business				2a. Mailing Address				08/27/1993 4. FEI Number Applied For			
21			26					65-0443160	<del></del>	ot Applicable	
Suite, Apt. #, etc.			[20]	26 P.O. Box 5586 Suite, Apt. #, etc.						Additional	
22			27					5. Certificate of Status Desired	<b>7</b>	equired	
City & State			L.,	City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	28 Ft. Lauderdale, FL				Trust Fund Contribution Added to Fees			
Zip		Country	$\vdash$	Zip	30 Cou	ntry		8. This corporation owes or has paid the cur	_ ′ _		
9, Name and Address of Current				33334		Personal Property Tax due June 30. Yes No			_l №		
1400		iii nega	stered Agent		10. Name and Address of New Registered Agent  81 Name						
WILLIAMS, LEROY E. 3230 W COMMERCIAL BLVD.						I IVALITIE	Williams, Patrick				
	SU W COMI E 160	MENCIAL DLYD.					dress (P.O. Box Number is Not Acceptable)				
		83 34			465 W. Broward Boulevard						
UA	KLAND PK	FL 33309	[**]				•				
1			84 City				j-1	<b>85</b> Zip	Code		
44 Durayant	la tha measia	inna al Castina CO2 Of C	22	207 4500 Etaile 61-4			Ft.	Lauderdale FL	33	312	
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.											
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
12.	Signature, typed	or printed name of registrined ag OFFICERS AN	IF TYPE	CTODS (NO.	13.	Agent signature	pequired	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	2C IN 10	
TITLE	D	OTTOENS AG	O DINE	DELETE	1.1 111	1 F	D	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	CAL DELL'IL					onango	(E) Addition				
NAME WILLIAMS, LEROY E. STREET ADDRESS 3230 W. COMMERCIAL BLVD,				160		REET ADDRESS	WILLIAMS, PATRICK				
CITY-ST-ZIP OAKLAND PK FL						32		230 W. Commercial Blv	d. St	e. 160	
TITLE				DELETE	2 1 711		- Fŧ	. Lauderdale, <del>FL 333</del>	PChanne	Addition	
NAME					2.2 NA	-					
STREET ADDRESS						REET ADDRESS			•		
CITY-ST-ZIP						1Y-S1-ZIP					
TITLE				DELETE	31 [1]		<del>                                     </del>		Change	Addition	
NAME				<del>_</del>	3.2 NA	MF	]				
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CITY-ST-ZIP						TY-ST-ZIP					
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STREET ADDRESS						REET ADDRESS	ł				
CITY-ST-ZIP						Y-ST-ZIP	1				
TITLE				DELETE	5.1 TiT		<b> </b>		Change	Addition	
NAME					5 2 NA	ME			_ •		
STREET ADDRESS						REET ADDRESS					
CITY-ST-ZIP						Y-ST-ZIP					
TITLE				DELETE	6.1 TIT		<b> </b>		Change	☐ Addition	
NAME					6.2 NA	ME			•		
STREET ADDRESS						reet address					
CITY-ST-ZIP						Y-ST-ZIP					
14. I hereby o	erlify that the	e information supplied w	vith this	filing does not qualify f	or the exe	mption state	d in Se	ection 119.07(3)(i), Florida Statutes. I further ce			

Indicated on this animal report or supplemental armain report is tried and accurate and that my signature shall have the same regal effect as it made under oath; that it is an adjusted 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.