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

**PROFIT** CORPORATION ANNUAL REPORT



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

1	9	9	ŧ

DOCUMENT #

P93000079749 (6)

INTEL	LIGENT STAFFING, INC.								
Principal Place of Business Mailing Address  14750 N.W. 77TH COURT MIAMI LAKES FL 33016  TE 305 MIAMI LAKES FL 33016									
US US				3. Da	ate Incorporated or Qualified 11/15/1993		of Last R 4/19/19	•	
2. Principal Place of Business 2a. Mailing Address					l Number			Applied For	
21	1 41-	26]				65-0450330			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Ce	ertificate of Status Desired			Additional Required
City & State	<del></del>	City & State		<del></del>	6 Fla	ection Campaign Financing			<del>'</del>
23		28				ust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Country		8. Th	is corporation has liability for	or intangible tax		
24	25	29	30		Fic	orida Statutes 🔲 Ye	es 🔲 No		
	9. Name and Address of Curr	ent Registered Agent		,	10. N	ame and Address of New	Registered A	gent	
			81	Name					
	.EY, KENNETH L		82	Street	Address (P.O.	ess (P.O. Box Number is Not Acceptable)			
	ORPORATE BLVD. N.W.		90						
STE. 40			83						
BOCA	RATON FL 33431		84	City			FI	85 Zij	p Code
or registere familiar witi SIGNATURE _	o the provisions of Sections 607.05 ad agent, or both, in the State of Fli h, and accept the obligations of, Sc Signature, typed or pirated name of registered ag	orida. Such change was authorized in 607.0505, Florida Statutes	red by the corp s.	oration's	board of direc	tors. I hereby accept the ap	opointment as r	registered	f agent. I am
12.	OFFICERS A	ND DIRECTORS	13.		AD.	DITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		VP/T	C DAS MAYA	-, o_/[	] Change	Addition
NAME			1.2 NAME	1.1 TITLE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 DITTONS/CHANGES TO OFFICERS AND DIFFER  Change Change To OFFICERS AND DIFFER  Change Change To OFFICERS AND DIFFER  Change To O			><		
STREET ADDRESS	C/O 14750 NW 77TH CO	JRT STE 305	1.3 STREET	ADDRESS	C/0147	SO NH IL COI	34 m 2		
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-5	T-ZIP	MIAN	AI CAICET F	<u> </u>	301	6
TATLE		DELETE	2. 1 TITLE			•		] Change	■ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET						
CITY-ST-ZIP TITLE		T DELETE	2.4 CITY - 5 3 1 TITLE	T-ZIP	<del></del>	·	<del></del>	Change	Addition
NAME		Decere	3 2 NAME				L	j Change	☐ Addition
STREET ADDRESS			3.3. STREE	AUDBEGG					
CITY-ST-ZIP			3.4 CHY - 5						
TITLE		☐ DELETE	4 1 TITLE	<u> </u>				] Change	Addition
NAME			4.2 NAME				_		_
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY+ST-ZIP			4.4 CITY-S		]				
TITLE		☐ DELETE	5. 1 TITLE					] Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	T-71P	<u> </u>				
TITLE		☐ DELETE	6 1 THTLE					) Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6 3 STREET	address					
CITY-ST-ZIP			6.4 CITY - S	T- <b>Z</b> (P	L				

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 cath; 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 is manged, or on an adjachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Feb 15,1996 2052713077

CR2E034 (12/95)