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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000000868 (7)**

1. Corporation Name

CHAMPION PERSONNEL SERVICES, INC.

Principal Place of Business	Mailing Address
2381 GRIFFIN ROAD FT LAUDERDALE FL 33312 US	7505 SIERRA DR E BOCA RATON FL 33433

3. Date Incorporated or Qualified: 01/05/1994	3a. Date of Last Report: 05/10/1995
4. FEI Number: 65-0459529	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 2514 HOLLYWOOD BLVD	26 2514 HOLLYWOOD BLVD.
22 Suite, Apt. #, etc. 305	27 Suite, Apt. #, etc. 305
23 City & State HOLLYWOOD, FLA.	28 HOLLYWOOD, FLA.
24 Zip 33020 25 Country USA	29 Zip 33020 30 Country US

9. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL J
7505 SIERRA DR E
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2514 HOLLYWOOD BLVD.

83 STE 305

84 City: HOLLYWOOD FL 85 Zip Code: 33020

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: M J Sullivan MICHAEL J. SULLIVAN 2/26/96
(Signature of New Registered Agent, if changing) (Name of New Registered Agent, Typed or Printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, MICHAEL J	1.2 NAME	
STREET ADDRESS	7505 SIERRA DR E	1.3 STREET ADDRESS	1016 N. 13TH AVE.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33019
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: M J Sullivan MICHAEL J. SULLIVAN 2/26/96 954-929-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #