

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 4: 20

DOCUMENT # P94000023679 (1)

1. Corporation Name

CAPITAL STAFFING FUND, INC.

Principal Place of Business

8000 N FEDERAL HWY
BOCA RATON FL 33487

Mailing Address

8000 N FEDERAL HWY
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0489391

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 Zip

28 Zip

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24 Country

29 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRINKLEY, W. MICHAEL
200 E LAS OLAS BLVD
STE 1800
FT LAUDERDALE FL 33301**

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 the if applicable

(NOTE: Proposed Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BURRELL, PAUL M
STREET ADDRESS	8000 N FEDERAL HWY
CITY- ST- ZIP	BOCA RATON FL 33487
TITLE	D
NAME	SCHUBERT, ALAN E
STREET ADDRESS	8000 N FEDERAL HWY
CITY- ST- ZIP	BOCA RATON FL 33487
TITLE	D
NAME	MORELLI, LOUIS
STREET ADDRESS	8000 N FEDERAL HWY
CITY- ST- ZIP	BOCA RATON FL 33487
TITLE	D
NAME	SCHUBERT, LAWRENCE H
STREET ADDRESS	8000 N FEDERAL HWY
CITY- ST- ZIP	BOCA RATON FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Burrell
Paul M. Burrell

Director
Director

1/17/95 (407) 992-5000 EN 267
(Date) (Phone) (Filing Fee)