

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 17 1996 8:00 am
Secretary of State

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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0489391

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

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 or board of directors

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BURRELL, PAUL M
8000 N FEDERAL HWY
BOCA RATON FL 33487

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SCHUBERT, ALAN E
8000 N FEDERAL HWY
BOCA RATON FL 33487

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MORELLI, LOUIS
8000 N FEDERAL HWY
BOCA RATON FL 33487

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SCHUBERT, LAWRENCE H
8000 N FEDERAL HWY
BOCA RATON FL 33487

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President
Robert A. Lefcourt
8000 N. Federal Highway
Boca Raton, FL 33487

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Treasurer
Lawrence H. Schubert
8000 N. Federal Highway
Boca Raton, FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ 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 Secretary ☐ 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 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 from an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/5/96

407-992-5000 X264

CR2E034 (12/95)