

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00 am
Secretary of State

DOCUMENT # P94000023679 (1)

1. Corporation Name

CAPITAL STAFFING FUND, INC.

Principal Place of Business

Mailing Address

8000 N FEDERAL HWY
BOCA RATON FL 33487

8000 N FEDERAL HWY
BOCA RATON FL 33487-1620

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 1144 E. Newport Center Drive
Suite, Apt. #, etc.

26 1144 E. Newport Center Drive
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Deerfield Beach FL
Zip Country

28 Deerfield Beach FL
Zip Country

24 33442
25 USA

29 33442
30 USA

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

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

Robert A. Lefcort

82 Street Address (P.O. Box Number is Not Acceptable)

1144 E. Newport Center Drive

83 City

Deerfield Beach

FL

84 Zip Code

33442

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 of officer or director of corporation or registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	BURRELL, PAUL M	8000 N FEDERAL HWY	BOCA RATON FL	<input type="checkbox"/>
D	SCHUBERT, ALAN E	8000 N FEDERAL HWY	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
D	MORELLI, LOUIS	8000 N FEDERAL HWY	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
S	SCHUBERT, LAWRENCE H	8000 N FEDERAL HWY	BOCA RATON FL	<input checked="" type="checkbox"/>
VP	LEFCORT, ROBERT A	8000 NORTH FEDERAL HIGHWAY	BOCA RATON FL	<input type="checkbox"/>
T	SCHUBERT, LAWRENCE	8000 NORTH FEDERAL HWY	BOCA RATON FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President + Director		1144 E. Newport Center Drive	Deerfield Beach FL 33442	<input checked="" type="checkbox"/>
Vice President + Director	Robert E. Tomlinson	1144 E. Newport Center Drive	Deerfield Beach FL 33442	<input type="checkbox"/>
Secretary + Director	Robert A. Lefcort	1144 E. Newport Center Drive	Deerfield Beach FL 33442	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Burrell

1/14/97 (854) 418-6428

0339052

CR2E034 (9/96)