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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 02 1997 8:00am

Secretary of State

DOCUMENT # P94000025744 (1)

ACCUTEMP SERVICES, INC.

	•											
Principal Plac	e of Business	Mailing Ad	Mailing Address									
5000 BARNEGA ORLANDO FL S US			5060 BARNEGAT POINT ROAD ORLANDO FL 32806-1801 US									
								[;	3. Date Incorporated or Qualified		Date of Last R	leport
2. Principal P	lace of Busine		2a Mailmo	2a. Mailing Address					04/05/1994 4. FEI Number	05	/31/1996	oplied For
21	idoo or pasine	26						59-3234611		├	ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.								Additional
22		27						5. Certificate of Status Desired		Fee Re	equired	
City & State	0	City & S	City & State] (6. Election Campaign Financing		\$5.00		
Zip Country			28	Zip Country					Trust Fund Contribution		 	to Fees
24	-	es Country	29		30	Ulitry	,	Ι,	 This corporation has liability for Florida Statutes 	r intangibl □ Yes		. 199.032,
57		and Address of Curre		jent .		Τ		1	0. Name and Address of New R			
GRYLLAKIS, NICHOLAS J 81							Name					
	BARNEGA				82	Street	Address	(P.O. Box Number is Not Accepta	ible)			
	ANDO FL 3				Ľ			(, , , , , , , , , , , , , , , , , , ,				
						83						
						84	City			FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above								corporat	tion eulomite this statement for the		ef changing if	te registered
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	Signature, typed c	r printed name of registered a		e (NC	OH Register	ed Agr	ent signature	e required wi	hon reinstating)	DATE		
12.	T AAR	OFFICERS A	ND DIRECTORS	D DELETE	13				ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PSD	A ABOUGH 40 I		L] DELFTE		TITLE					Change	Addition
NAME STREET ADDRESS		S, NICHOLAS J NEGAT POINT ROA	\n			NAME Proces	ADDDECC					
CITY-ST-ZIP	ORLANDO		ND .				I ADDRESS ST-ZIP					
TITLE	0110000	1 L OLOUL		DELFTE		TITLE	71 - 11	 			Change	Addition
NAME					22	NAM?						
STREET ADDRESS					23	STREET	ADDRESS					
CITY-ST-ZIP					2 4	CITY	\$1 - 71P		7 · · · · · · · · · · · · · · · · · · ·			
TITLE				L DELETE		TITLE					☐ Change	Addition
NAME OTOSET ADDRESS						NAME	LOUBTOR					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE		TITLE	\$1 - 7IP				Change	Addition
NAME				=		NAME						
STREET ADDRESS					4.3	STREET	ADDRESS					
CITY-ST-ZIP					4.4	CITY-S	ST - Z IP					
TITLE				DELETE	5.1	TITLE					Change	Addition
NAME						NAME						
STREET ADDRESS	1						ADDRESS					
CITY-ST-ZIP	 			DELETE			ST-71P	ļ			☐ Change	Addition
TITLE NAME				_ VILLE		TITLE NAME					□ cuange	[_] Winding
STREET ADDRESS							ADDRESS					
CITY-ST-7IP	1				- 6		3) - 7IP					

14. I do hereby certify that the information supplied with this filling 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.