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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000029246**1. Corporation Name

R-STAFF, INCORPORATED

Principal Place of Business	Mailing Address
1954 DAIRY ROAD MELBOURNE FL 32904	1954 DAIRY ROAD MELBOURNE FL 32904

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90141 019 ***150.00



MELBOURNE FL 32904			MELBOURNE FL 32904			١,	DO NOT WRI	ITE IN THIS	SPACE		
						3.	Date Incorporated or Qualifed		OI TOL		
						0.	04/15/1994			1	
2 Principal F	Place of Business	2a.	Mailing Address			4,	FEI Number		T Ar	pplied For	
—¬	26						65-0487273		No.	ot Applicable	
Suite, Apt	# etc		Suite, Apt. #, etc.						\$8.75	Additional _	
22		27	رای به فرخشیند . ۱۰۰۰ شکنجسستنیاستند <u>ان شیخرچشین سوری</u>			- 5:	- Certifcate of Status Desired-	<u> [-]</u>	Fee Ro	equired	
City & Sta	te		City & State			6.	Election Campaign Financing	П	\$5.00	May Be	
23			i i			1_	Trust Fund Contribution		Added	to Fees	
Zip	Country		Zip Country			8. This corporation owes the current year Intangible					
24	25	29	30				Personal Property Tax.				
	9. Name and Address of Curren	t Registe	ered Agent		-	10.	Name and Address of New I	Registered /	Agent		
50	DESCRIPTION AND			81	Name						
	SEBERY, NANCY MRS.				Street Ad	dress (F	P.O. Box Number is Not Accept	able)			
	CORAL WAY WEST			L		<u> </u>					
INU	IALANTIC FL 32903			83	ļ					ļ	
				84	City			FL	85 Zip	Code	
11. Pursuani	t to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statutes	s, the abov	e-named co	rporatio	n submits this statement for the	purpose of	changing its	registered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida	i. Such change was auf	thorized by	the corpora	ition's bo	oard of directors. I hereby acce	pt the appoir	itment as re	gistered	
_		iliona on, v	2000, 11011	au outoto.	••					1	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if	applicable. (NOTE: F	Registered Age	nt signature requ	ired when r	reinstating)	DATE			
12.	OFFICERS AN	ID DIREC	TORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	VPT		☐ DELETE	1.1 TITLE	·#	7/T			☐ Change	☐ Addition	
NAME	ROSEBERY, NANCY K			1.2 NAME	}						
STREET ADDRESS	334 CORAL WAY WEST			1.3 STREE	TADORESS						
CITY-ST-ZIP	INDIALANTIC FL			1.4 CITY-S				_,			
TITLE	PS		☐ DELETE	2.1 TITLE	V	1/5	مقديمة وبالرسين السيارا		☐ Change	☐ Addition	
NAME	ROSEBERY, GERALD D			2.2 NAME		· -					
STREET ADDRESS	334 CORAL WAY WEST	* ** -	•	2.3 STREE	TADDRESS					- 1	
CITY-ST-ZIP	INDIALANTIC FL	- T	. <u> </u>	2/4 CITY	at zip=====				* ** · *	-2 to-=	
TITLE			☐ DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME				3.2 NAME				•			
STREET ADDRESS	s			3.3 STREE	TADDRESS						
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS	3			4.3 STREE	TADDRESS						
CITY-ST-ZIP				4.4 CITY-5	T-ZIP						
TILE			☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME .				5.2 NAME	ļ						
STREET ADDRESS	6				TADDRESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME				6.2 NAME							
	_1			63 STREE	T ADDRESS					ĺ	

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP (14)

(407)726-0044