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Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000030518 (2)

1. Corporation Name

POWERSTAFF CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 111 2ND AVE NE SUITE 1501 ST. PETERSBURG FL 33701 US		Mailing Address 111 2ND AVE NE SUITE 1501 ST. PETERSBURG FL 33701 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FISKE, NEAL E. 111 2ND AVE NE SUITE 1501 ST. PETERSBURG FL 33701		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 NEAL FISKE - DIRECTOR 3-25-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	ROSS, HAROLD	1.2 NAME	
STREET ADDRESS	18216 CLEAR LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	
TITLE	CO	2.1 TITLE	
NAME	CRIPPEN, ROY	2.2 NAME	
STREET ADDRESS	113 2ND STREET N WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL 33570	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	FISKE, NEAL E.	3.2 NAME	
STREET ADDRESS	8311 PASADENA POINT BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPOINT FL 33704	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	FRATELLO, MARC J	4.2 NAME	
STREET ADDRESS	820 COLUMBUS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRE VERDE FL 33715	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 a 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

CR2E034 (10/97)