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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000030518			
1. Corporation Name POWERSTAFF CORPORATION			
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent FISKE, NEAL E. 111 2ND AVE NE SUITE 1501 ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent 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 <u>NEAL Fiske - Director</u> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO NAME ROSS, HAROLD STREET ADDRESS 18216 CLEAR LAKE DRIVE CITY-ST-ZIP LUTZ FL 33549		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 8511 Van Dyke Rd 1.4 CITY-ST-ZIP Odessa, FL 33556	
TITLE CO NAME CRIPPEN, ROY STREET ADDRESS 113 2ND STREET N WEST CITY-ST-ZIP RUSKIN FL 33570		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 908 Anchorage Rd 2.4 CITY-ST-ZIP Tampa, FL 33602	
TITLE P NAME FISKE, NEAL E. STREET ADDRESS 6311 PASADENA POINT BLVD CITY-ST-ZIP GULFPOINT FL 33704		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE S NAME FRATELLO, MARC J STREET ADDRESS 820 COLUMBUS DRIVE CITY-ST-ZIP TIERRE VERDE FL 33715		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL FISKE-DIRECTOR

Date

(813)822-1559

Daytime Phone #

CR2E034 (11/98)

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