

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 20 PM 4:04

DOCUMENT # P94000042812 (5)

1. Corporation Name
PINNACLE STAFFING, INC.

Principal Place of Business Mailing Address
**1095 SHOTGUN ROAD
SUNRISE FL 33326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1994**
3a. Date of Last Report
4. FEI Number **54-1714160**
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**NUGENT, BRIAN M
106 E. COLLEGE AVE.
SUITE 1200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (Signature, typed or printed name of registered agent and title of office) (NOTE: Registered Agent signature required when re-appointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERMANS, RICHARD F
STREET ADDRESS	C/O 1095 SHOTGUN ROAD
CITY - ST - ZIP	SUNRISE FL 33326
TITLE	D
NAME	WILLOCKS, JAMES S
STREET ADDRESS	C/O 1095 SHOTGUN ROAD
CITY - ST - ZIP	SUNRISE FL 33326
TITLE	D
NAME	ESCARZAGA, WALTER
STREET ADDRESS	C/O 1095 SHOTGUN ROAD
CITY - ST - ZIP	SUNRISE FL 33326
TITLE	D
NAME	SOSCIA, LOUIS E
STREET ADDRESS	C/O 1095 SHOTGUN ROAD
CITY - ST - ZIP	SUNRISE FL 33326
TITLE	D
NAME	MCANNAR, DANIEL B
STREET ADDRESS	C/O 1095 SHOTGUN ROAD
CITY - ST - ZIP	SUNRISE FL 33326
TITLE	D
NAME	MCMAMARA, MICHAEL J
STREET ADDRESS	C/O 1095 SHOTGUN ROAD
CITY - ST - ZIP	SUNRISE FL 33326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information located 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; that 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, in written attachment with an address.

SIGNATURE: *Richard F Hermans* **RICHARD F HERMANS** 1/16/95 305 424 3833
SIGNATURE AND TYPE IN WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR