FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000042812 (5)**

1. Corporation Name
PINNACLE STAFFING, INC.

Principal Place of Business
1095 SHOTGUN ROAD
SUNRISE FL 33326

Mailing Address
1095 SHOTGUN ROAD
SUNRISE FL 33326

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **54-1714160** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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: _____ (NOTE: Registered Agent signature required if registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HERMANS, RICHARD F	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	☒ DELETE
NAME	WILLOCKS, JAMES S	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	☒ DELETE
NAME	ESCARZAGA, WALTER	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	☐ DELETE
NAME	SOSCIA, LOUIS E	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	☐ DELETE
NAME	MCANNAR, DANIEL B	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	☐ DELETE
NAME	MCNAMARA, 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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/12/96 9544243833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #