

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUGENT, BRIAN M
106 E. COLLEGE AVE.
SUITE 1200
TALLAHASSEE FL 32301**

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

Signature and typed or printed name of the filer (Agent or Director)

(NOTE: Registered Agent Signature is not required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANS, RICHARD F	1.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOCKS, JAMES S	2.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCARZAGA, WALTER	3.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSCIA, LOUIS E	4.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANNAR, DANIEL B	5.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, MICHAEL J	6.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33326	6.4 CITY - ST - ZIP	

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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 9544243833
Date of Filing Phone #

CR2E034 (12/95)