

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33326-1911
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3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 54-1714160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 9600 West Sample Rd
22. City & State	27. 404
23. Zip	28. Coral Springs FL
24. Country	29. 33065
25. Country	30. USA

9. Name and Address of Current Registered Agent

**NUGENT, BRIAN M
108 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. City	
84. State	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 when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HERMANS, RICHARD F	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY - ST - ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLOCKS, JAMES S	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY - ST - ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCARZAGA, WALTER	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY - ST - ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOSCIA, LOUIS E	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY - ST - ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCANNAR, DANIEL B	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	
CITY - ST - ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9600 West Sample Rd #404
1.4 CITY - ST - ZIP	Coral Springs, FL 33065
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9600 West Sample Rd #404
2.4 CITY - ST - ZIP	Coral Springs, FL 33065
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9600 West Sample Rd #404
3.4 CITY - ST - ZIP	Coral Springs, FL 33065
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9600 West Sample Rd #404
4.4 CITY - ST - ZIP	Coral Springs, FL 33065
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	9600 West Sample Rd #404
5.4 CITY - ST - ZIP	Coral Springs, FL 33065
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	9600 West Sample #404
6.4 CITY - ST - ZIP	Coral Springs, FL 33065

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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.

SIGNATURE: _____ Date: **1/8/97** Daytime Phone: **954-344-8355**

CP2E034 (9/96)