

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 # P94000042815 (8)

1. Corporation Name
SEA ISLAND STAFFING, INC.



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

Mailing Address
**1095 SHOTGUN ROAD
SUNRISE FL 33326**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 01/20/1995
21		26		4. FEI Number 57-1001513	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

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		
		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			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	HERMANN, 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	MCMAMARA, 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 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: **4/12/96** DAYTIME PHONE #: **954 424 3833**

CR2E034 (12/95)