

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

FILED
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

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 33326-1011**

3. Date Incorporated or Qualified
06/08/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
57-1001513

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. City & State

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

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

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)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HERMANN, RICHARD F | |
| 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 | MCNAMARA, MICHAEL J | |
| STREET ADDRESS | C/O 1095 SHOTGUN ROAD | |
| CITY-ST-ZIP | SUNRISE FL 33326 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I have had, or on an attachment with an address.

SIGNATURE: _____ DATE: **12-97** DAYTIME PHONE: **954-344-8353**

CR2E034 (9/96)