

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 # P94000051081 (5)

1. Corporation Name
MAGNOLIA 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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 9600 West Sample Rd	4. FEI Number 65-0506115	Applied For Not Applicable		
22 City & State	27 404	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip	28 Coral Springs, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country	29 33065	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country	30 USA				

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, typed or printed name of registered agent, and title if applicable) (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T. BOURN	1.2 NAME	
STREET ADDRESS	1095 SHOTGUN ROAD	1.3 STREET ADDRESS	9600 West Sample Road #404
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. BOURN	2.2 NAME	
STREET ADDRESS	1095 SHOTGUN ROAD	2.3 STREET ADDRESS	9600 West Sample Road #404
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCARZAGA, WALTER	3.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	3.3 STREET ADDRESS	9600 West Sample Road #404
CITY-ST-ZIP	SUNRISE FL 33326	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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	9600 West Sample Road #404
CITY-ST-ZIP	SUNRISE FL 33326	4.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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	9600 West Sample Road #404
CITY-ST-ZIP	SUNRISE FL 33326	5.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANARA, MICHAEL J	6.2 NAME	
STREET ADDRESS	C/O 1095 SHOTGUN ROAD	6.3 STREET ADDRESS	9600 West Sample Road #404
CITY-ST-ZIP	SUNRISE FL 33326	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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1-8-97** DAYTIME PHONE: **954-344-8355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)