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Mar 26 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 # P94000081389 (6)
 1. Corporation Name
TEAMSTAFF II, INC.



Principal Place of Business: **TEAMSTAFF BUILDING 8TH FLOOR
 1211 N. WESTSHORE BLVD.
 TAMPA FL 33607**

Mailing Address: **TEAMSTAFF BUILDING 8TH FLOOR
 1211 N. WESTSHORE BLVD.
 TAMPA FL 33607-4600**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1994	3a. Date of Last Report 07/02/1996
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3277121	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCOGGINS, KIRK
 TEAMSTAFF BUILDING 8TH FLOOR
 1211 N. WESTSHORE BLVD.
 TAMPA FL 33607**

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) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SCOGGINS, KIRK	
STREET ADDRESS	1211 N. WESTSHORE BLVD., 8TH FLOOR	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	PCDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scoggins, Kirk A.	
1.3 STREET ADDRESS	1211 N. WESTSHORE BLVD. 8TH FLOOR	
1.4 CITY - ST - ZIP	TAMPA, FLORIDA 33607	
2.1 TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KOCH, TERRY M.	
2.3 STREET ADDRESS	1211 N. WESTSHORE BLVD. 8TH FLOOR	
2.4 CITY - ST - ZIP	TAMPA, FL 33607	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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)(j), 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 changed or on an attachment with an address.

SIGNATURE: _____ DATE: **3-11-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (9/96)