PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000081389

1, Corporation Name

TEAMSTAFF II. INC.

Principal Place	e of Business	Mailing Address				f (BBitiBBi tim imitt midti mmit	89111 88111 8916		10112 1211 1001
TEAMSTAFF BUILDING 8TH FLOOR		TEAMSTAFF BUILDING 8TH FLOOR				• •			
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TAMPA FL 33607 TAMPA FL 33607					a Date	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/1994	, u		
Principal Pl	lace of Business	2a. Mailing Address			4, FEI		•	I Ap	plied For
	lace of Busiliess	26				3277121		—	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					نحنی در		Additional
22	,	27			5. Cert	ifcate of Status Desired		Fee Re	quired
City & State	e	City & State			6 Elec	tion Campaign Financin	ıg 🗆	\$5.00	May Be
23		28			Trus	t Fund Contribution	'y D	Added t	to Fees
Zip	Country	Zip	Count	гу	8. This	corporation owes the c	urrent year li	ntangible	_
24	25	29	30			ional Property Tax.		Yes	□No
	g. Name and Address of Curren	nt Registered Agent				ne and Address of Nev	v Registered	d Agent	
000	00000 1/101/		8	11 Nami	9				•
SCOGGINS, KIRK			82 Street Add		t Address (P.O. B	lox Number is Not Acce	ptable)		
TEAMSTAFF BUILDING 8TH FLOOR						·	•	<u> </u>	
	I N. WESTSHORE BLVD.		8	13					
IAMI	PA FL 33607		8	4 City				85 Zip (Code
				'			F	┗╎╎	
11, Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statu	ites, the abo	ve-name	d corporation sub	mits this statement for t	ne purpose o	or cnanging its ointment as re	registered
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	tions of, Section 607.0505, Fl	authonzed t orida Statut	y the cor	poration's board o	of directors. Thereby 20	oopi alo app		gistored
agent. I a	ım familiar with, and accept the obliga	itions of, Section 607.0505, Fl	orida Statut	es.					
agent. I a	Im familiar with, and accept the obligation of registered age	nt and title if applicable. (NO	orida Statut E: Registered A	es.	e required when reinstati	ng)	. DATE		
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14. I 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90077 033 ***150.00