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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086970 (8)

AMERICA'S TEMPORARY STAFF, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
4190 BELFORT RD. 4190 BELFORT RD.					j		
SUITE 200		SUITE 200			DO NOT WOITE IN T	110 0D4 0C	
JACKSONVILLE FL 32216		JACKSONVILLE FL 32216	JACKSONVILLE FL 32216		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
. 5	100 - 100 -	N. W. Add			11/28/1994		
	lace of Business	2a. Mailing Address	A _A	n (1 //	4, FEI Number		pplied For
Suite, Apt. #, etc.					59-3273621		lot Applicable
	₩, BIC.	r	Suite, Apt. #, ĕtc.		5. Certificate of Status Desired		Additional
22 27 City & State City & State					<u> </u>		lequired
<u> </u>	9	Parte Vede	City & State Ponte Vedra Bch, F/		6. Election Campaign Financing Trust Fund Contribution		May Be
23 Zip	Country	28] Γ <i>Οι</i> Γ Γ Κ Γ Γ	Country	, <i>T</i> /			to Fees
24	25			Johns	 This corporation owes or has paid the Personal Property Tax due June 30. 		itangible □ No
24]	Name and Address of Cur		ا کی 30	Johns	10 Name and Address of New Register		
FD			81	Name			
FRANCIS, DEMOC 3							
4190 BELFORT RD.				Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 200 Jacksonville fl 32216			83				
JAI	UNOUNVILLE FL 32210		00	1			
			84	City		85 Zip	Code
		2/20 - 4002 4/00 Eb :		L			
office or re	to the provisions of Sections 607.0 epistered agent, or both, in the St	ate of Herida. Such change was a	s, the abov uthorized b	e-named corp v the corporati	oration submits this statement for the purpo- ion's board of directors. I hereby accept the	e of changing i	its registered s registered
agent. I a	n familiar with, and accept the ob	lipations (if, Section 607.0905, Flor	rida Statute	S.	ion's board of directors. I hereby accept the	2.1.2	·
SIGNATURE	1 Denise	Exant!			4/6	H 198	
	Signal ve. typed or publical name of require	orient and itself applicable (NOTE		ent a griature require	ed when reinstalling) DA	re /	
12.	OFFICERS /	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	
TITLE	•	LI Officie	1.1 TITLE	İ		☐ Cuange	Addition
NAME	FRANKLIN, DENISE J		1.2 NAME				
STREET ADDRESS	117 SUMMERFIELD DRIVE	00000	1.3 STREET	ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CRY-5	ST-ZIP			
TITLE		L) DELETE	2.1 TITLE	ł		Change	Addition
NAME			2.2 NAME	- 1	٠		
STREET ADDRESS			2.3 STREET	I ADDRESS	•		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP			
TITLE		☐ DELEŤ E	3.1 TITLE			☐ Change	Addition
NAME		•	3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY - ST - ZIP			3 4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET	I ADDRESS			
CITY-ST-ZIP			4.4 CITY - 9	- 1			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5				
TITUE		DELETE 6.1		31-71L		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDOCCC			ļ
I							
City-\$t-zip	pertify that the information supplier	i with this filing does not qualify for	6.4 City-S		Section 119.07(3)(i), Florida Statutes. I furthe	er certify that th	e information
TELLINGISDY C	admini enament und information Supplice	≠ with this tilling docs hot dua lity for	LINE EXEMI	aucit Stateu II) :	oechon i ratoriokii. Fidhda olalules, Huffile	a centity that the	е именнавен Т

indicated on this annual report or supplied with an adjust in the information in decard in the annual report or supplied that the information in decard in the annual report or supplied that the information in the receiver 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.