

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

*Amended AR*

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 SEP 20 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088855 (9)

1. Corporation Name  
Help Staffing Inc

Principal Place of Business  
611 Wymore Road  
Suite 220  
Winter Park FL  
32789

Mailing Address  
611 Wymore Road  
Suite 220  
Winter Park FL  
32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/95

2. Principal Place of Business  
21 611 Wymore Road

2a. Mailing Address  
26 611 Wymore Road

4. FEI Number  
59-3283242

Applied For  
Not Applicable

22 220

27 220

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
Winter Park FL

28 City & State  
Winter Park FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 32789 25 US

29 32789 30 US

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

SPRIGGS, JERI  
1700 Fawcett Drive  
Winter Park FL 32789

10. Name and Address of New Registered Agent

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  DELETE  
NAME D SPRIGGS, JERI  
STREET ADDRESS 611 Wymore Road Suite 220  
CITY-ST-ZIP WINTER PARK FL 32789

1.1 TITLE PRESIDENT, TREASURER  Change  Addition  
1.2 NAME JERI SPRIGGS  
1.3 STREET ADDRESS 1700 Fawcett Drive  
1.4 CITY-ST-ZIP WINTER PARK FL 32789

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME 700002998457--5  
2.3 STREET ADDRESS -09/27/99--01172--015  
2.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeri Spriggs* JERI SPRIGGS 9/17/99 407 629-0209  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #