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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90101 024 ***150.00

DOCUMENT # **P95000006092**1. Corporat on Name

POWERFUL STAFF CORPORATION

Principal Place	e of Business		Mailing Address							
7041 GRAND N	ATIONAL DR		7041 GRAND NATIONAL	DR						
STE 122			STE 122				DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32819			ORLANDO FL 32819			<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
บร			US					Juaned		
							/20/1995			- : :-
2. Principal Pl	lace of Business		2a. Mailing Address			1	I Nu nber		<u> </u>	p ied For
21		2	26			59	<u> -3292961</u>			Applicable
Suite, Ar t. #, etc.			Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A			
22		2	27					Fee Re	quired	
City & State			City & State		6. Election Campaign Financing		\$5.00			
23		2	28 —			TrL	ist Fund Contribution	on - 🗀	Added t	o Fees
Zip	Country		Zip	Co	untry	8. Thi	is corporation owes	the current year		
24	25	2	29	30		Pe	rson al Property Tax	c	🗌 Yes	[]No
	9. Name and Address	of Current Re	gistered Agent			10. Na	me and Address of	of New Register	ed Agent	
					81 Name	MILTO	N BIAN	(0		
BIAN	ICO, MILTON				00 0		Box Number is Not			
7747	WINDBREAK RD				82 Stree	t Address (P.O.	box number is not	. Acceptable)		
ORL	ANDO FL 32819				83 334	12 AMA	ICA CIRCI			
					J				85 Zip (Code
		2			1 1 1	OR:LAND	<u> </u>	F	-	タスツ
11. Pursuant	to the provisions of Section egistered agent, or both in m familiar with, and accept	ís 607.0 502 an the Sta t € o Fl	d 607.1508, Florida Sta Jorida, Such change was	itu es, the s authorize	above-name	d corporation su poration's board	ibmits this statemen Lof cirectors, I here	it for the purpose by accept the ap	e of changing its pointment as re	r agistered gistered
agent. a	m familiar with, and accept	the deligations	of, Section 607.0505, I	Florida Sta	itutes.					
SIGNATURE.	· well	1		ľ	aicton i	31400				
GIOTOTICAL.	Signature, typed or printed name of re					required when reinsta		DATE		
12.	OFFI	ICERS AND D		13			DITICINS/CHANGES	TO OFFICERS		
TITLE	PSD		☐ DELETE	1.1 "	TITLE	PSD	12 10-100		Change	Addition
TITLE NAME	PSD BIANCO, MILTON		☐ DELETE		TITLE NAME	MULTON	BIANCO	000	Z Change	
1	'	 ,	☐ DELETE	121		MILTON 3393	AMACA CI	ear	≝ Change	L.j Addition
NAME STREET ADDRE 3S	BIANCO, MILTON 7747 WINDBREAK RD	i.	□ DELETE	1.3	NAME	MILTON 3393	BIANCO AMACA G DO, FL 30	2837	Change Ch	Addition
NAME STREET ADDRE 3S CITY-ST-ZIP	BIANCO, MILTON 7747 WINDBREAK RD. ORLANDO FL	l,	DELETE	121 1.33 1.44	NAME STREET ADDRESS	MILTON 3393	AMACA CI	5831 6016	Change	Addition Addition
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE	BIANCO, MILTON 7747 WINDBREAK RD. ORLANDO FL VPTD		_	1.33 1.44 2.1	NAME STREET ADORESS CITY-ST-ZIP	MILTON 3393	AMACA CI	5832 BCTA		
NAME STREET ADDRE 3S CITY-ST-ZIP TITLE NAME	BIANCO, MILTON 7747 WINDBREAK RD. ORLANDO FL VPTD BIANCO, SILVIA VALE		_	1.21 1.33 1.44 2.11 2.21	NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	MILTON 3393 ORLAND	AMACA CI	5832 6016		
NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	BIANCO, MILTON 7747 WINDBREAK RD ORLANDO FL VPTD BIANCO, SILVIA VALE 7747 WINDBREAK RD		_	121 1.33 1.44 2.1 2.21 2.33	NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MILTON 3393 ORLAND	AMACA CI	5837 6016		
NAME STREET ADDRE 3S CITY - ST - ZIP TITLE NAME STREET ADDRE 3S CITY - ST - ZIP	BIANCO, MILTON 7747 WINDBREAK RD. ORLANDO FL VPTD BIANCO, SILVIA VALE		© √ ELETE	121 1.33 1.44 2.1 221 2.33	NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILTON 3393 ORLAND	AMACA CI	5837 ECTA	☐ Change	☐ Addition
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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 receiper of 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 attact prent with an address with all other like empowered.

SIGNATURE: