FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1997 8:00 am
Secretary of State

DOCUMENT # **P95000010256 (2)**

1. Corporation Name
OUTSOURCE FRANCHISING, INC.

Principal Place of Business	Mailing Address
8000 N FEDERAL HWY BOCA RATON FL 33487	8000 N FEDERAL HWY BOCA RATON FL 33487-1620

3. Date Incorporated or Qualified: 02/07/1995
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business	2a. Mailing Address
21 1144 E. Newport Center Drive	26 1144 E. Newport Center Drive
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Deerfield Beach FL	City & State 28 Deerfield Beach FL
Zip 24 33442 Country 25 USA	Zip 29 33442 Country 30 USA

4. FEI Number: 65-0575035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOVETT, JOHN C
106 E COLLEGE AVE SUITE 1200
% KATZ KUTTER ET AL PA
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Robert A. Lefcort
82 Street Address (P.O. Box Number is Not Acceptable): 1144 E. Newport Center Drive
83
84 City: Deerfield Beach FL 85 Zip Code: 33442

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] 1/17/97
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	PD	☐ DELETE	1.1 TITLE	Vice President + Director	☒ Change ☐ Addition
NAME	BURRELL, PAUL M		1.2 NAME		
STREET ADDRESS	8000 N FEDERAL HWY		1.3 STREET ADDRESS	1144 E. Newport Center Drive	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE	V T	☐ DELETE	2.1 TITLE	President + Director	☒ Change ☐ Addition
NAME	LEFORD, ROBERT A		2.2 NAME	Robert A. Lefcort	
STREET ADDRESS	8000 N FEDRAL HWY		2.3 STREET ADDRESS	1144 E. Newport Center Drive	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	X	☐ DELETE	3.1 TITLE	Director	☐ Change ☐ Addition
NAME	TOMLINSON, ROBERT E		3.2 NAME	—	
STREET ADDRESS	8000 N FEDERAL HWY		3.3 STREET ADDRESS	1144 E. Newport Center Drive	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary + Director	☐ Change ☒ Addition
NAME	SCHUBERT, LAWRENCE H		4.2 NAME	David Hinze	
STREET ADDRESS	8000 N FEDERAL HWY		4.3 STREET ADDRESS	1144 E. Newport Center Drive	
CITY-ST-ZIP	BOCA RATON F		4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORELLI, LOUIS A		5.2 NAME		
STREET ADDRESS	8000 N FEDERAL HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHUBERT, ALAN E		6.2 NAME		
STREET ADDRESS	8000 N FEDERAL HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] Paul M. Burrell 1/9/97 (954) 418-6928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0339928