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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012462 (4)

STAFFING 2000 INC.

FILED Apr 08 1998 8:00am Secretary of State

017.11										
Principal Pla	ice of Business	Mail	iling Address				i inderiote isa idial alfin agen abile s		MAN BIBIB))((0
	, S.E. VEN FL 33863		217 1/2 MAIN ST AUBURNDALE FL 33823			DO NOT WRIT	F IN THIS S	PACE.		
US							3. Date Incorporated or Qualified			
							02/13/1995			'
2. Principal	Place of Business		Mailing Address				4. FEI Number			Applied For
21		26 U	S.O. Bay	29	15		74-2736773			Not Applicable
Suite, Apl	t. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27	0. 10.							Required
City & Sta	ate	├ ~~¬	City & State Wenter	ave	m. 7	1	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country		ZIP 244	Cou	play	,	8. This corporation owes or has p			ntangible
24	25	29	33880	30 6	ral	k_	Personal Property Tax due Jur			□ No
<u></u>	g. Name and Address of Cui	rrent Registe	ered Agent				10. Name and Address of New R	tegistered /	\gent	
	FFANY, SHIRLEY				81 Na	ime				
	12 FIRST ST. S.E.				82 St	eet Addre	ess (P.O. Box Number is Not Accepta	able)		
į w	INTER HAVEN FL 33883				83					
					84 Ci	y		FL	85 Zi	p Code
11. Pursuan	it to the provisions of Sections 607.	0502 and 60	7.1508, Florida Statute	es, the at	bove-nai	ned corpo	pration submits this statement for the	purpose of	changing	its registered
office or	registered agent, or both, in the St am familiar with, and accept the ob-	tate of Florida bligations of	a Such change was a Section 607.0505. Flo	uthorized Irida Stat	d by the tutes.	corporation	on's board of directors. I hereby acc	ept the app	ointment a	s registered
SIGNATURE		3	,		-					
CIGNATURE	Signature, typod or printed name of registered			Registered	d Agent sig	nature require	d when reinsteling)	DATE		
12.	OFFICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	THEATIN CLUB EN		☐ DELETÉ	1.1 10		(Change	Addition
NAME	TIFFANY, SHIRLEY 212 1ST. ST. S.E.			1.2 N/	AME					
STREET ADDRESS	WINTER HAVEN FL			4 0 03	TOPPE ADDR					
CITY-ST-ZIP TITLE					TREET ADDR	ESS				
			DELETE	1.4 CI	TY-ST-ZIP	ESS			Change	Addition
NAME	ST		☐ DELETE	1,4 CI 2.1 Ti	TY-ST-ZIP TLE	ESS			Change	Addition
NAME STREET ADDRESS	ST TIFFANY, SHIRLEY		☐ DELETE	1.4 CI 2.1 TI 2.2 N/	TY-ST-ZIP TLE AME				Change	Addition
STREET ADDRESS	ST TIFFANY, SHIRLEY 212 1ST. ST. S.E.		DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TY-ST-ZIP TLE	ESS			Change	Addition
	ST TIFFANY, SHIRLEY		DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TY-ST-ZIP TLE AME TREET ADOR	ESS			☐ Change	
STREET ADDRESS CITY-ST-ZIP	ST TIFFANY, SHIRLEY 212 1ST. ST. S.E. WINTER HAVEN FL			1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE AME TREET ADOR SITY-ST-ZIP TLE	ESS				
STREET ADDRESS CITY-ST-ZIP TITLE	ST TIFFANY, SHIRLEY 212 1ST. ST. S.E. WINTER HAVEN FL VP TIFFANY, SHIRLEY			1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TII 3.2 NA	TY-ST-ZIP TLE AME TREET ADOR SITY-ST-ZIP TLE	ESS				
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14. I hereby certify that the information supplied with this filling 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.