

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90054 019 ***150.00

DOCUMENT # P95000012462

1. Corporation Name
STAFFING 2000 INC.



Principal Place of Business
212 1ST ST. S.E.
WINTER HAVEN FL 33883
US

Mailing Address
P.O. BOX 2915
WINTER HAVEN FL 33880
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 212 1st St. S.E.		26 P.O. Box 2915		02/13/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State Winter Haven FL		28 City & State Winter Haven FL		74-2736773	
24 Zip 33880		29 Zip 33883		5. Certificate of Status Desired	
25 Country USA		30 Country USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TIFFANY, SHIRLEY 212 FIRST ST. S.E. WINTER HAVEN FL 33883		81 Name Deanna Morris	
		82 Street Address (P.O. Box Number is Not Acceptable) 212 1st St. S.E.	
		83	
		84 City Winter Haven FL	
		85 Zip Code 33880	

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 Deanna Morris DATE January 5, 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	TIFFANY, SHIRLEY	1.2 NAME	Morris, Deanna
STREET ADDRESS	212 1ST. ST. S.E.	1.3 STREET ADDRESS	212 1st St. S.E.
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	ST	2.1 TITLE	ST
NAME	TIFFANY, SHIRLEY	2.2 NAME	Morris, Deanna
STREET ADDRESS	212 1ST. ST. S.E.	2.3 STREET ADDRESS	212 1st St. S.E.
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	VP	3.1 TITLE	VP
NAME	TIFFANY, SHIRLEY	3.2 NAME	Morris, Deanna
STREET ADDRESS	212 1ST. ST. S.E.	3.3 STREET ADDRESS	212 1st St. S.E.
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Deanna Morris Deanna Morris January 5, 1999 293-8807
(941)

CR2E034 (11/98)