FILED

Jan 20 1998 8:00am

Secretary of State

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

I - DO 98 B - D FILE NOW: FILING FEE AFTER MAY

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P9500001Z997 (4)

TREASURE COAST PERSONNEL, INC.

P	Principal Place of Business Mailing Address								
	1818 SOUTH AUSTRALIA SUITE 251 WEST PALM BEACH FL US		SUITE 251	WEST PALM BEACH FL 33409			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
_	Principal Place of Bus	inace	2a. Mailing Addre	ND6	_		03/03/1995 4. FEI Number	1 1	
21	1 '		26 26	⊢ , *		4, FEI Number 65-0568666	Applied For Not Applicab		
22	Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State		Crty & State	├ - ¬ ´		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	Zip 29	30	untry		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible	
	g, Name	e and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	d Agent		
	•	DWARD S. I Australian avi	ENUE	81	Name Street Addr	****			
	Suite 251 West Palm	BEACH FL 33409		83		UIVE 100			
					84	City	F		
11	 Pursuant to the providence or registered a 	sions of S ections 607 gent, or b oth, in the S	.0502 and 607.1508, Florid State of Florida, Such chang	a Statutes, the age was authorized	bove d by	named corp the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	of changing its registere	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typod 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	P	DELETE	1,1 TITLE	Change Addition							
NAME	antarsh, nina s		1.2 NAME								
STREET ADDRESS	3603 FAIRWAY DRIVE NORTH		1.3 STREET ADDRESS								
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP								
TITLE	V	DELETÉ	2.1 TITLE	Change Addition							
NAME	antarsh, edward s		2.2 NAME								
STREET ADDRESS	3803 FAIRWAY DRIVE NORTH		2.3 STREET ADDRESS								
CITY-ST-ZIP	JUPITER FL		2 4 CITY-ST-ZIP								
TITLE		DELETE	3.1 TITLE	Change Addition							
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY - ST - ZIP								
TITLE		DELETE	4.1 TITLE	Change Addition							
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADORESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		DELETE	5.1 TITLE	Change Addition							
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE	Change Addition							
NAME			6.2 NAME								
STREET ADDRESS			63 STREET ADDRESS								
CITY-ST-ZIP			64 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 trusted ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 If changest prior on an attagriment with an address.