

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

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Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90018 022 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000025545

1. Corporation Name
ALL TEMP STAFFING, INC.



Principal Place of Business: 5050 4 SUNBEAM RD JACKSONVILLE FL 32257
Mailing Address: 5050 4 SUNBEAM RD JACKSONVILLE FL 32257
PO Box 23958
12556 SAGE COACH LN
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1995
4. FEI Number: 59-3305202
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: GOLDMAN, NATHAN D, 50 N. LAURA STREET, SUITE 2750, JACKSONVILLE FL 32202
10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, address, and title.

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: _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (1/1/98)