## 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

## DOCUMENT # **P95000027825** (5)

STAFFING SERVICES GROUP, INC.

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**FILED** 

May 08 1997 8:00am

Secretary of State

Principal Place 3018 U.S. HIGH SUITE 100 TAMPA FL 3361	WAY-801-NORTH	Mailing Address 3016 U.S. HIGHWAY 301 NORTH SUITE 100 TAMPA FL 33619-2265				3. Date Incorporated or Qualified 39. Date of Last Report			
					04/04/1995	ro or Quannou	08/13/1996	naport	
2. Principal P	isce of Business, Erselhowel Bud	2a. Mailing Address 26 5/30 Eise	howe	R Blu	4. FFI Number			Applied For Not Applicable	
Suite, Apt	#, etc. )O	Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired		Additional Required	
City & State	& State City & State  AMPA  28  TAMPA				6. Election Campai Trust Fund Contr		\$5.00 May Be		
710.	Country		Cou	untry	8. This corporation				
24 336	34 25 US	29 33634	30	ius	Florida Statutes		Yes No		
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Add	ess of New Regis	stered Agent		
MUENCH, JUDY 3018 U.S. HIGHWAY 301 NORTH SUITE 100 TAMPA FL 33619					Address (P.O. Box Number	ress (P.O. Box Number is Not Acceptable)  Case Market 13001  FL 85 20 Code			
	40-40-601000	0 CO7 1500 Classes Ctat	don the o	$\Box IA$	Haylor	tamont for the pur	FL S	363Y	
office or r	to the previsions of Sections 607 0502 egisteroly agent, or both, in the State om m famil . With, and adaept his obliga	of Florida, Such change was	authorize	d by the corp	compration submits this sta coration's board of directors	. I hereby accept t	the appointment a	is registered	
	in tamilia with, and accept he obliga	tions of, Section 607.0505, F	iorida Sta	lutes.			41.00	ĺ	
SIGNATURE	Signature 10 red or philipath purie of registured agen	of and title if applicable (NO	TE Registere	d Agent signature	required when reinstating)	<del></del>	TIMA		
12.	OFFICERS AND		13.		ADDITIONS/CHA	NGES TO OFFICE		(	
TITLE	P V	☐ DELETE	1,1 1	1	,		Change		
NAME :	SININS, BARRY M.	^	1,2 N	AME	5/30 Essents TAMPA F	usen BU	ld Suite	100	
STREET ADDRESS	3016 U.S. HWY., 301 N. ST. 10   Tampa fl	U		TREET ADORESS	77400	23/2	1	• -	
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CITY-ST-ZIP			6.40	ITY-ST-ZIP					

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 received 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 chapted, or online attachment with an address.

SIGNATURE: