SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000043220 (9) **DOCUMENT #** CONNECTION STAFFING, INC. Mailing Address Principal Place of Business 3609 JETTON AVE 3009 JETTON AVE TAMPA FL 33629 **TAMPA FL 33629** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/30/1995 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business 59.3317509 Not Applicable SAME AS ABOVE 26 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032. Country Country Zip Yes No 25 HILLS BOLOUGH 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUNT, MARGARET V Street Address (P.O. Box Number is Not Acceptable) 62 3609 JETTON AVE **TAMPA FL 33629** 83 Zip Code 84 85 City 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

SIGNATURE

Signature Typed or print Journe of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating). (TALL) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1 1 TITLE TITLE HUNT, MARGARET V CR2E034 1.2 NAME NAME 3609 JETTON AVE 13 STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 Tifl F TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 Title TITLE 4 2 NAME NAME 4.3 STREE! ADDRESS STREET ADORESS 44 CITY - ST - ZIP 500001873715 -06/24/96--01055--002 CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS \*\*\*225.00 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME ST-ZIP

1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address STREET ADDRESS

Mary art V. HAD

6-11-96 813-879-2212