

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000051122 (6)

1. Corporation Name

VISIONS TEMP SERVICE OF DEERFIELD, INC.



Principal Place of Business

6770 WINDFIELD BLVD.  
MARGATE FL 33063

Mailing Address

6770 WINDFIELD BLVD.  
MARGATE FL 33063

3. Date Incorporated or Qualified  
06/28/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 123 N.E. 2ND AVE.

Suite, Apt. #, etc.

22 DEERFIELD Bch., FL.

City & State

23

Zip

33441

Country

USA

2a. Mailing Address

26 123 N.E. 2ND AVE

Suite, Apt. #, etc.

27 DEERFIELD Bch., FL.

City & State

28

Zip

33441

Country

USA

4. FEI Number

65-0585985

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLES, JOEY  
6770 WINDFIELD BLVD.  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

JOEY M. LITTLE

82 Street Address (P.O. Box Number is Not Acceptable)

6770 Winfield Blvd.

83

Margate, FL.

84 City

FL

85 Zip Code

33063

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME JOEY M. LITTLE

1.3 STREET ADDRESS 6770 Winfield Blvd.

1.4 CITY-ST-ZIP MARGATE FL. 33063

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SUSAN P. LITTLE

2.3 STREET ADDRESS 6770 Winfield Blvd.

2.4 CITY-ST-ZIP MARGATE FL. 33063

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Margaret Moore

3.3 STREET ADDRESS 170 N.E. 6th Court

3.4 CITY-ST-ZIP DEERFIELD Bch. FL. 33441

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME William Hamilton

4.3 STREET ADDRESS 357 N.W. 2nd Court

4.4 CITY-ST-ZIP DEERFIELD Bch. FL. 33441

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME CHEYENNE STUBBS

5.3 STREET ADDRESS 600 S.W. 14th Court

5.4 CITY-ST-ZIP DEERFIELD Bch. FL. 33441

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME GUS H. TURNER

6.3 STREET ADDRESS 3451 NE. 15th AVE.

6.4 CITY-ST-ZIP POMPANO Bch. FL. 33064

14. I 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. 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.

SIGNATURE:

JOEY M. LITTLE

3/12/96 725-0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)