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ANNUAL REPORT  1997  CULMENT # P95000051122 (6)  VISIONS TEMP SERVICE OF DEERFIELD, INC.  VISIONS TEMP SERVICE OF DEERF					May 15	1997 8:0	JUan
1997       UNISEND OF CORPORATIONS         OCULUMENT # P950000051122 (6) WISIONS TEMP SERVICE OF DEERFIELD, INC.         Including Address       Malling Address         Address of Luminess       Malling Address         NE BO AKE REED BACK R 3844       130 KE 200 AKE DEFFELD BACK R 3844 S05 US         Sind And # edu       28         Dute Information of Dutinices       130 KE 200 AKE DEFFELD BACK R 3844 S05 US         Sind And # edu       28         Dute And # edu       20         Dute Mances       28         Sind And # edu       20         Dute Mances       28         Sind And # edu       20         Cov & State       20         Cov & State       20         Address of During Major Address of During Major Address of Covered Factors       20         Address of Covered Factors       20         Covered Factors       20         Covered Factors       20         Address of Covered Factors       20         Covere					Secreta	arv of St	ate
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Image: set and set of current Registered Agent     Image: set and set of Nov Registered Agent       UTTLE, JOEPY M     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       UTTLE, JOEN M     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent       Bit Normal     Image: set and set of Nov Registered Agent	-	28		·	,		
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UTLE, JOET M       Gr70 WINFIELD BLVD.         MARGATE FL 33063       82         Bit       64         City       FL         Bit       City         Bit       FL         Bit       City         Bit       Dit	g. Name and Address					Registered Agent	
MARGATE FL 33063       MARGATE FL 33063       MARGATE FL 33063       Margate flow of sections 60% 0562 and 60% 1508. Florida Stautes for a solution submits this statement for the purpose of changing its regis gent is and accept the obligations of. Section 607.0506. Florida Stautes for corporation submits this statement for the purpose of changing its regis gent is and accept the obligations of. Section 607.0506. Florida Stautes for corporation submits this statement for the purpose of changing its regis gent is under an example and accept the obligations of. Section 607.0506. Florida Stautes for the florida Stautes for flor							· · · · · · · · · · · · · · · · · · ·
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1     ADDITIONS/CHANGES IN 1     ADDIT					Iness (P.O. BOX NUMBER IS NOT Accep		······
Present to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above need corporation submits this statement for the purpose of changing its registing of it and iterative registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registing of iterative registered agent and accept the obligations of, Section 607 05:05, Florida Statutes.     ALUM     Sequence traced or puried name of registered agent and the appointment agent provide restating     OFF CORP.     OFF CORP.     OFF CORP.     DOFF Registered agent and the appointment agent provide restated the restating     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I:     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I:     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I:     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I:     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I:     OFFICERS AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN I:     OFFICERS AND DIRECTORS     13. STREET ADDRESS     17. PM MARGARET     12 NMME     1				63			
Agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. VATURE  OFFICERS AND DIRECTORS  I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  I a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TSD UTTLE, SUSAN P  6770 WINFIELD BLVD  ARRGATE FL  D  D  D  D  D  D  D  D  D  D  D  D  D					ويرو والمحدث في والمحدث ويستند والمحدث المستعلقات المحدث والمحدث والمحدث المحدث المحدث المحدث المحدث		
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ITTLE, SUSAN P       12 NAME         FADORESS       6770 WINFIELD BLVD         13 STREET ADDRESS       14 CITY-ST-2P         D       DELETE         I ADDRESS       14 CITY-ST-2P         D       DELETE         VADRESS       12 NAME         I ADDRESS       12 NAME         D       DELETE         VADRESS       12 NAME         I ADDRESS       13 STREET ADDRESS         I ADRESS       357 NW 2ND COURT         I ADRESS       357 NW 2ND COURT         I ADRESS       35 STUBBS, CHEYENNE         I ADRESS       40 DELETE         I ADRESS       60 SW 14TH COURT         I ADRESS       40 DELETE         I ADRESS       11 TITLE         I ADRESS       12 NAME         I ADRESS       12 NAME         I ADRESS <td< td=""><td>agent I am fam liar with, and accep IATURE Signature typed or printed name of</td><td>of the obligations of, Sec</td><td>Icable. (NOT</td><td>es, the above-named cor uthorized by the corpore rida Statutes.</td><td>sred when reinstating)</td><td>PL) e purpose of changing its cept the appointment as</td><td>s registered registered</td></td<>	agent I am fam liar with, and accep IATURE Signature typed or printed name of	of the obligations of, Sec	Icable. (NOT	es, the above-named cor uthorized by the corpore rida Statutes.	sred when reinstating)	PL) e purpose of changing its cept the appointment as	s registered registered
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TURNER, GUS H       52 NAME         3451 NE 15TH AVE       5.3 STREET ADDRESS         POMPANO BCH FL 33063       5.4 CITY-ST-ZIP         PD       DELETE         61 TITLE, JOEY M       62 NAME         677 WINFIELD BLVD       63 STREET ADDRESS         677 WINFIELD BLVD       63 STREET ADDRESS         61 TITLE       64 CITY-ST-ZIP         do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information null-report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as if made under call	Image: International acception     Image: International acception       A1URE     Standuct bread or printed name of OFF       Image: International acception     Image: International acception       ADDRESS     TSD       International acception     Image: International acception       ADDRESS     FSD       ADDRESS     6770 WINFIELD BLVI       MARGATE FL     D       MOORER, MARGARE       International acception       ADDRESS     170 NE 6TH COURT       D     DEERFIELD BCH FL       D     HAMILTON, WILLIAM       357 NW 2ND COURT       D       STUBBS, CHEYENNE	E		s, the above-named con ulthorized by the corpora- rida Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	sred when reinstating)		s registered registered S IN 12 Addition
ADDRESS       3451 NE 15TH AVE       5.3 STREET ADDRESS         11-2IP       POMPANO BCH FL 33063       5.4 CITY-ST-ZIP         PO       DELETE       6.1 TITLE         LITTLE, JOEY M       6.2 NAME         6770 WINFIELD BLVD       6.3 STREET ADDRESS         MARGATE FL 33083       6.4 CITY-ST-ZIP         do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information null-report or supplemental annual reports the and that my signature shall have the same legal effect as if made under call	gent       Familiar with, and accept         A1URF       Standard types or provided name of OFF         ADDRESS       FSD         LITTLE, SUSAN P       6770 WINFIELD BLM         MARGATE FL       D         MOORER, MARGARE       170 NE 6TH COURT         DEERFIELD BCH FL       D         HAMILTON, WILLIAM       357 NW 2ND COURT         DEERFIELD BCH FL       D         DEERFIELD BCH FL       D         ADDRESS       STUBBS, CHEYENNE         ADDRESS       BOORW 147H COURT	E T CERS AND DIRECTOF D ET T ET T		s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. STREET ADDRESS 3.5. STREET ADDRESS 5. STREET ADDRESS 5	sred when reinstating)		s registered registered S IN 12 Addition
POMPANO BCH FL 33063       54 CITY-ST-ZIP         PD       DELETE       6.1 TITLE         LITTLE, JOEY M       62 NAME         6770 WINFIELD BLVD       63 STREET ADDRESS         MARGATE FL 33063       64 CITY-ST-ZIP         do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information rungLapport or supplemental enough report is true and accurate and that my signature shall have the same legal effect as if made under call	gent       Familiar with, and accept         A1URE       Standuc tored or punced name of OFF         ADDRESS       TSD         ADDRESS       6770 WINFIELD BLVI         MARGATE FL       D         MOORER, MARGARE       170 NE 6TH COURT         DEERFIELD BCH FL       D         HAMILTON, WILLIAM       357 NW 2ND COURT         DEERFIELD BCH FL       D         ADDRESS       STUBBS, CHEYENNE         BOORESS       GOO SW 14TH COURT         DEERFIELD BCH FL       D         DEERFIELD BCH FL       D         DUBESS       DEERFIELD BCH FL	E T CERS AND DIRECTOF D ET T ET T		s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	sred when reinstating)		s registered registered S IN 12 Addition
ADDRESS 6770 WINFIELD BLVD MARGATE FL 33063 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the formation undicated 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 oal	gent       Familiar with, and accept         A1URE       Standuc tored or punced name of OFF         ADDRESS       TSD         ADDRESS       6770 WINFIELD BLVI         MARGATE FL       D         MOORER, MARGARE       170 NE 6TH COURT         DEERFIELD BCH FL       D         HAMILTON, WILLIAM       357 NW 2ND COURT         DEERFIELD BCH FL       D         MODRESS       STUBBS, CHEYENNE         BODRESS       D         ADDRESS       TUBBS, CHEYENNE         BODRESS       BOD SW 14TH COURT         DEERFIELD BCH FL       D         DUBERFIELD BCH FL       D         MARGARE, GUS H       TURNER, GUS H	E T CERS AND DIRECTOF D ET T ET T		s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME	sred when reinstating)		s registered registered S IN 12 Addition
ADDRESS 63 STREET ADDRESS MARGATE FL 33063 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 normation 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 oal	gent       Familiar with, and accept         A1URE       Standuc tytes or punced name of OFF         ADDRESS       TSD         ADDRESS       6770 WINFIELD BLVI         MARGATE FL       D         MOORER, MARGARE       170 NE 6TH COURT         ADDRESS       D         ADDRESS       170 NE 6TH COURT         D       HAMILTON, WILLIAM         ADDRESS       S7 NW 2ND COURT         D       DEERFIELD BCH FL         D       STUBBS, CHEYENNE         600 SW 14TH COURT       DEERFIELD BCH FL         D       TURNER, GUS H         3451 NE 15TH AVE       3451 NE 15TH AVE	the colligations of, Sec Frequisined agent and tile if apple TCERS AND DIRECTOF D ET T ET T E R T 33063		s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requirations 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP	sred when reinstating)		s registered registered S IN 12 Addition
S1-ZP MARGATE FL 33063 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 oal	Agent 1 am familiar with, and accep IATURE Stgnature trestor pulled name of OFF TADDRESS TA	the colligations of, Sec Frequisined agent and tile if apple TCERS AND DIRECTOF D ET T ET T E R T 33063		s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requirations 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	sred when reinstating)		s registered registered
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an an other or director of the porodiction or the receiver or instancemousted to execute this report as required by Chapter 607. Statistics and the review series	Agent 1 am familiar with, and accep VATURE Stignatic trest or pulled name of OFF TADDRESS T ADDRESS ST-ZIP T ADDRESS T ADDRESS ST-ZIP T ADDRESS T ADDRESS ST-ZIP T ADDRESS	Trepistaned agent and tile if apple Trepistaned agent and tile if apple TCERS AND DIRECTOF		s, the above-named con uthorized by the corpora- rida Statutes. Registered Agent signature requ- 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ared when reinstating) ADDITIONS/CHANGES TO OF		s registered registered S IN 12 Addition Addition Addition
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.	agent 1 am familiar with, and accep VATURE Stignature types or pulled name of OFF TSD LITTLE, SUSAN P 6770 WINFIELD BLM MARGATE FL D MOORER, MARGARE 170 NE 6TH COURT DEERFIELD BCH FL D HAMILTON, WILLIAM 357 NW 2ND COURT DEERFIELD BCH FL D STUBBS, CHEYENNE 800 SW 14TH COUR DEERFIELD BCH FL D TADDRESS ST-ZP D TURNER, GUS H 3451 NE 15TH AVE POMPANO BCH FL PD LITTLE, JOEY M 6770 WINFIELD BLM MARGATE FL 33063 1 do hereby certify that the information I do hereby certify that the information	Trepistaned apert and tile if appl Trepistaned apert and tile if appl TCERS AND DIRECTOF D ET T ET T S 33063 33063 D S Ion supplied with this fill teoport or supplemental	Ction 607.0505, Flo  Control of the	Ps, the above-named contributionized by the corporative Statutes.         Registered Agent eignature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         5.2 NAME         3.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         9 Tor the exemption state         9 Tor the exemption state         9 Tor the exemption state	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF		s registered registered S IN 12 Addition Addition Addition Addition