

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

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000053276 (8)

1. Corporation Name
FWC LABOR SERVICES, INC.

Principal Place of Business
10410 S.W. 185 TERRACE
MIAMI FL 33068

Mailing Address
P.O. BOX 570982
MIAMI FL 33257-0982



3. Date Incorporated or Qualified 07/11/1995	3a. Date of Last Report 01/24/1996
4. FEI Number 65-0594462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
GOLDMAN, ROBERT M
C/O MICHAEL K. FISH, P.A.
7700 N. KENDALL DRIVE, SUITE # 505
MIAMI FL 33156

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GOLDMAN, ROBERT M	1.2 NAME	
STREET ADDRESS	7315 SPORTSMAN DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	
NAME	BALES, ANN M	2.2 NAME	
STREET ADDRESS	18801 S.W. 144 PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	CLAYTON, THOMAS E	3.2 NAME	
STREET ADDRESS	26204 S.W. 124 COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOMESTEAD FL 33032	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	
NAME	BALES, JAMES C	4.2 NAME	
STREET ADDRESS	18801 S.W. 144 PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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 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: Robert M. Goldman, Pres/DIR 3/17/97 305-233-6316
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT M. GOLDMAN, PRES/DIR

CR2E034 (9/96)