

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0594462	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	33157	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOLDMAN, ROBERT M C/O MICHAEL K. FISH, P.A. 7700 N. KENDALL DRIVE, SUITE # 505 MIAMI FL 33156		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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

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

(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	DST
NAME	GOLDMAN, ROBERT M	1.2 NAME	
STREET ADDRESS	7315 SPORTSMAN DRIVE	1.3 STREET ADDRESS	15838 N.W. 10th STREET
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33028
TITLE	DV	2.1 TITLE	DP
NAME	BALES, ANN M	2.2 NAME	
STREET ADDRESS	10601 S.W. 144 PLACE	2.3 STREET ADDRESS	8013 S.W. 199 TERRACE
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33189
TITLE	DST	3.1 TITLE	DVP
NAME	CLAYTON, THOMAS E	3.2 NAME	
STREET ADDRESS	26204 S.W. 124 COURT	3.3 STREET ADDRESS	29935 S.W. 169 COURT
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	HOMESTEAD, FLORIDA 33030
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, Treas.

1/14/98

305-233-6316