

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 # P95000058695 (4)

1. Corporation Name

PRESTIGE STAFFING SERVICES, INC.

Principal Place of Business

2621 NORTH VALRICO RD.  
SEFFNER FL 33584

Mailing Address

2621 NORTH VALRICO RD.  
SEFFNER FL 33584



2. Principal Place of Business

21 1219 US Hwy 301 N.

2a. Mailing Address

26 PO Box 6484

Suite, Apt. #, etc.

22 Suite C

Suite, Apt. #, etc.

27

City & State

23 Tampa, FL

City & State

28 Seffner, FL

Zip

24 33

Country

25 Hillsborough

Zip

29 33584

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

SCHUBEL-HOLDER, CYNTHIA  
2621 NORTH VALRICO RD.  
SEFFNER FL 33584

81 Name

82 Cynthia G. Schubel

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

84 2621 Valrico Rd. N.

85

City

Seffner

FL

85 Zip Code

33584

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 I adopt the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*C. Schubel*

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

Date of Signature

5-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

*C. Schubel*

Cynthia G. Schubel

5-21-95

813/621-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813/621-9400

CR2E034 (12/95)