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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000068082 (3)**

1. Corporation Name

CHAMPION PERSONNEL SERVICES OF ARIZONA, INC.

Principal Place of Business	Mailing Address
2381 GIRFFIN ROAD FT LAUDERDALE FL 33312	2381 GIRFFIN ROAD FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified: 09/05/1995

3a. Date of Last Report:

4. FEI Number: 65-0604783 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2514 Hollywood Blvd	26 2514 Hollywood Blvd
Suite, Apt. #, etc. 22 Suite 305	Suite, Apt. #, etc. 27 Suite 305
City & State 23 Hollywood Florida	City & State 28 Hollywood Florida
Zip 24 33020	Zip 29 33020
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

SULLIVAN, MIKE
1016 N 13TH AVE
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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: _____ NAME (Typed or Printed) _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN #2		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	~~V.P. SECY.~~	☐ Change ☒ Addition
NAME	MICHAEL SULLIVAN		1.2 NAME	~~BOBBIE SCHWANINGER~~	
STREET ADDRESS	1016 N. 13TH AVE.		1.3 STREET ADDRESS	~~1016 N. 13TH AVE.~~	N/A
CITY-ST-ZIP	HOLLYWOOD, FL. 33019		1.4 CITY-ST-ZIP	~~HOLLYWOOD, FL. 3~~	
TITLE	~~V.P. SECY.~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~BOBBIE SCHWANINGER~~		2.2 NAME		
STREET ADDRESS	~~1016 N. 13TH AVE.~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~HOLLYWOOD, FL. 33019~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(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: MICHAEL SULLIVAN PRESIDENT 3/18/96 954-929-2919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)