

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

FILED

Apr 25 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 # P95000068082 (3)

1. Corporation Name

CHAMPION PERSONNEL SERVICES OF ARIZONA, INC.

Principal Place of Business

2514 HOLLYWOOD BLVD.  
SUITE 305  
HOLLYWOOD FL 33020

Mailing Address

2514 HOLLYWOOD BLVD.  
SUITE 305  
HOLLYWOOD FL 33020-8636

3. Date Incorporated or Qualified  
09/05/1995

3a. Date of Last Report  
04/06/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0604783

Applied For

Not Applicable

5. Certificate of Status Desired

☒ 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

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

MICHAEL T. SULLIVAN

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

2514 HOLLYWOOD BLVD.

83

SUITE 305

84 City

HOLLYWOOD

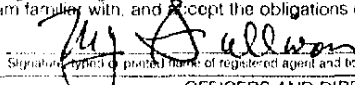
FL

85 Zip Code

33020

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 of printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MICHAEL	
STREET ADDRESS	1016 N. 13TH AVE	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE VILLANUEVA	
1.3 STREET ADDRESS	4130 W. SAN JUAN AVE.	
1.4 CITY- ST- ZIP	PHOENIX, AZ. 85019	
2.1 TITLE	SECY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOBBIE T. SCHWABER	
2.3 STREET ADDRESS	1016 N. 13TH AVE.	
2.4 CITY- ST- ZIP	HOLLYWOOD, FL. 33019	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/10/97

DAYTIME PHONE #

954-929-2919

0127409

CR2E034 (9/96)