FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000080416 | (7) |
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| 1 Conversion Marco | | |

BENEFICIAL STAFFING, INC.

Mailing Address

2a. Mailing Address

26

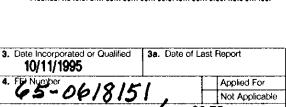
1100 LEE WAGENER BLVD. FORT LAUDERDALE FL 33315

2. Principal Place of Business

21

Principal Place of Business

1100 LEE WAGENER BLVD. FORT LAUDERDALE FL 33315



Not Applicable

| 22 | | 27 Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | Z. | | Additional Required | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------------------|-----------------|--|
| City & Sta | ate | City & State | | | Election Campaign Financing Trust Fund Contribution Added to Fees | | | | | |
| <i>7</i> φ. | Country 25 | Zip 29 | ip Gountry 30 | | 8. This corporation has liability for Florida Statutes Yes | intangible ti | ax under s | 199.032, | | |
| | Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New F | legistered | Agent | | | |
| | | | 8 | Name | | | | | | |
| KLEIN, THEODORE J ESQ. 16855 NE 2ND AVENUE STE 301 | | | l _a | 2 Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | [| Olioci Modioss (15- 55- 15- 15- 15- 15- 15- 15- 15- 15- | | | | | | |
| | | | [8 | 33 | | | | | | |
| NO. M | NO. MIAMI BEACH FL 33162 | | | 34 City | | | 85 Zıç | Code | 4 | |
| | | | " | J- City | | FL | . 65 24 | COOL | | |
| or regist | it to the provisions of Sections 607.050? tered agent, or both, in the Stale of Florid with, and accept the obligations of, Sect | ia. Such change was autho | rized by the co | e named corpo rporation's boa | oration submits this statement for the pu and of directors. I hereby accept the app | rpose of ch ointment as | anging its registered | egistered office agent. I am | " | |
| SIGNATURE | | | A-67 B | | | | | | | |
| | Styriative: typed or printed name of registered agent OFFICERS AN | | (NOTE Registered A | gent signature require | ad when reinstating) ADDITIONS/CHANGES TO OFF | DATE | DIRECTO | DS IN 12 | − (6 | |
| 12. Tritt | P/s/r | DELETE | 1. 1 TITE | F T | ADDITIONS OF IANGES TO OFF | | Change | Addition | CR2E034 (12/95) | |
| NAME | Chause G Plane | | 1.2 NAM | | | | | | 4 | |
| STREET ADDRESS | Thomas G. Pletch | | | EET ADDRESS | | | | | ြ | |
| CIPY ST-ZIP | 9017 HAWThorne Surfside FL. 3 | AVE. | | r-ST-ZIP | | | | | 2 | |
| TILF | SUNFAIRE IL. | DELETE | 2 1 7111 | · | | | Change | Addition | - ხ | |
| NAME | | | 2 2 NAV | | | | | | | |
| STREET ADDRESS | < | | | EET ADDRESS | | | | | | |
| City - S1 - ZiF | J | | | r-ST-ZIP | | | | | | |
| TIFLE | | DELETE | 3 1 1171 | | | | Change | Addition | 7 | |
| NAME | | | 3.2 NAM | AE | | | | | 1 | |
| STREET ADDRESS | s | | 33 SIF | REET ADDRESS | | | | | | |
| CHY-SI ZP | | | 3.4 CITY | Y-ST-ZIP | | | | | | |
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| STREET ADDRESS | s | | 4.3 STR | EET ADDRESS | | | | , | | |
| CHV-S1 ZIP | | | 4.4 CITY | Y-SI-ZIP | | | | | | |
| Tri_f | | ☐ DELETE | 5 1 10 | LE | | | Change | Addition | ٦ | |
| NAME | | | 5 2 NAM | MΕ | | | | | İ | |
| STREET ADDRESS | is | | 5 3 STR | EET ADDRESS | | | | | | |
| CITY - ST - ZIF | | | 5.4 CITY | Y-SI-ZIP | | | | | | |
| 7(1).4 | | DELETE | 6 1 TiT | L.E | | | Change | Addition | 7 | |
| NAME | | | 6.2 NAM | ME | | | | | | |
| STREET ADDRES | iS . | | 63STR | EFT ADDRESS | | | | | - | |
| (1Y+ST+Z:f* | | | 6.4 CITY | Y - ST - ZIP | | | | | 1 | |

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:

Statement though G. Plancher 195/96 (305)359.3636