

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 # P95000081944 (7)

1. Corporation Name

TEMPSOURCE OF BROWARD, INC.



Principal Place of Business

15715 ROLLING MEADOWS CIRCLE  
WEST PALM BEACH FL 33414

Mailing Address

15715 ROLLING MEADOWS CIRCLE  
WEST PALM BEACH FL 33414

2. Principal Place of Business

21 1041 WEST COMMERCIAL BL.

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL

Zip

24 33309

Country

25 BROWARD

2a. Mailing Address

26 1000 N. US HIGHWAY ONE

Suite, Apt. #, etc.

27 613

City & State

28 JUPITER, FL

Zip

29 33477

Country

30 FLA. BEACH

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

4. FEI Number

65-0629327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

STUART R. RUSSELL

82

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

1000 US HIGHWAY ONE

83

#613

84

City

JUPITER

FL

85

Zip Code

33477

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

*Stuart R. Russell*  
Signature, typed or printed name of registered agent and title, if applicable

STUART R. RUSSELL

4/2/96

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

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA K. MURPHY

4/2/96

407 4555

Daytime Phone #

CR2E034 (12/95)