

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 # P95000081944 (7)

1. Corporation Name

STAFF FORCE OF BROWARD, INC.



Principal Place of Business 1041 WEST COMMERCIAL BLVD. FT LAUDERDALE FL 33309 US	Mailing Address 1000 N. US HIGHWAY ONE 613 JUPITER FL 33477-4301 US	3. Date Incorporated or Qualified 10/23/1995	3a. Date of Last Report 04/08/1996
--	---	--	--

2. Principal Place of Business 21 2260 PALM BEACH LAKES BLVD.	2a. Mailing Address 26 2260 PALM BEACH LAKES BLVD	4. FEI Number 65-0629327	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 SUITE # 200	Suite, Apt. #, etc. 27 SUITE # 200	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33409	Country 25 PALM BEACH	Zip 29 33409	Country 30 PALM BEACH

9. Name and Address of Current Registered Agent

STUART R. RUSSELL
1000 US HIGHWAY ONE
613
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2260 PALM BEACH LAKES BLVD
83	SUITE # 200
84 City	WEST PALM BEACH
85 Zip Code	FL 33409

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 **STUART R. RUSSELL, VP** **4/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MURPHY, SANDRA K	1.2 NAME	
STREET ADDRESS	15715 ROLLING MEADOWS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ROBERT P. MURPHY
STREET ADDRESS		2.3 STREET ADDRESS	15715 ROLLING MEADOWS CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	STUART R. RUSSELL
STREET ADDRESS		3.3 STREET ADDRESS	1000 N. US HIGHWAY ONE, #613
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MR JEAN M. LAUKHAUF
STREET ADDRESS		4.3 STREET ADDRESS	14180 BLACKBERRY DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY AND DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RICHARD E. LAUKHAUF
STREET ADDRESS		5.3 STREET ADDRESS	14180 BLACKBERRY DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Stuart R. Russell **STUART R. RUSSELL, VP** **4/21/97** **5/1/92-1997**

CR2E034 (9/96)