

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000081944 (7)**

1. Corporation Name

STAFF FORCE OF BROWARD, INC.

Principal Place of Business

**2260 PALM BEACH LAKES BLVD.
200
WEST PALM BEACH FL 33409
US**

Mailing Address

**2260 PALM BEACH LAKES BLVD.
#200
W. PALM BEACH FL 33409
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1995

4. FEI Number

65-0629327

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**STUART R. RUSSELL
2260 PALM BEACH LAKES BLVD.
STE. 200
W. PALM BCH FL 33409**

10. Name and Address of New Registered Agent

81 Name **V. Donald Hilley**
82 Street Address (P.O. Box Number is Not Acceptable)
Prosperity Gardens, Suite 124
83 **11382 Prosperity Farms Rd.**
84 City **Palm Beach Gardens** FL 85 Zip Code **33410**

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 in 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]

(NOTE: Registered Agent signature required when reinstating)

2-19-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MURPHY, SANDRA K	
STREET ADDRESS	15715 ROLLING MEADOWS CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	PD	☐ DELETE
NAME	MURPHY, ROBERT	
STREET ADDRESS	15715 ROLLING MEADOWS CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VPD	☒ DELETE
NAME	RUSSELL, STUART	
STREET ADDRESS	1000 N. US HIGHWAY ONE, #613	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	☐ DELETE
NAME	LAUKAUF, JEAN M.	
STREET ADDRESS	14180 BLACKBERRY DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	☒ DELETE
NAME	LAUKAUF, RICHARD	
STREET ADDRESS	14180 BLACKBERRY DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	☒ Change ☐ Addition
1.2 NAME	Murphy, Sandra K.	
1.3 STREET ADDRESS	2260 Palm Beach Lakes Blvd, #200	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
2.1 TITLE	P/D	☒ Change ☐ Addition
2.2 NAME	Murphy, Robert P.	
2.3 STREET ADDRESS	2260 Palm Beach Lakes Blvd, #200	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/S/D	☒ Change ☐ Addition
4.2 NAME	Laukhuf, Jean M.	
4.3 STREET ADDRESS	2260 Palm Beach Lakes Blvd, #200	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
5.1 TITLE	V/T	☐ Change ☒ Addition
5.2 NAME	Vincelli, Kim	
5.3 STREET ADDRESS	2260 Palm Beach Lakes Blvd, #200	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

2/18/98

DATE PHONE # (313) 741

CR2E034 (10/97)