

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000081948 (8)

1. Corporation Name

TEMPSOURCE USA, 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 1000 NORTH US HIGHWAY ONE

2a. Mailing Address

26 1000 N. US HIGHWAY ONE

Suite, Apt. #, etc.

22 613

Suite, Apt. #, etc.

27 613

City & State

23 JUPITER, FL

City & State

28 JUPITER, FL

Zip

24 33477

Country

25 PALM BEACH

Zip

29 33477

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

HILLEY, V D  
12380 PROSPERITY FARMS ROAD STE 204  
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

4. FEI Number

65-0629074

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. BISSILL

82

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

1000 N. US HIGHWAY ONE

83

#613

84

City

JUPITER, FL

FL

85 Zip Code

33477

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. Bissill*

STUART R. BISSILL

4/2/96

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
MURPHY, SANDRA K  
STREET ADDRESS  
15715 ROLLING MEADOWS CIRCLE  
CITY-ST-ZIP  
WEST PALM BEACH FL 33414

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Sandra K. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA K. MURPHY

4/2/96

407 795 2460

DATE

DAYTIME PHONE #

CR2E034 (12/95)