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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000081948 (8)**

1. Corporation Name

**STAFF FORCE USA, INC.**

Principal Place of Business

Mailing Address

**1000 N US HWY ONE  
#613  
JUPITER FL 33477  
US**

**1000 N US HWY 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**65-0629074**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, STUART R.  
1000 N US HWY ONE  
#613  
JUPITER FL 33477**

81 Name

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

83

84 City

**FL**

85 Zip Code

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, VP**

**4/21/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **PRESIDENT & DIRECTOR**  
2.3 STREET ADDRESS **15715 ROLLING MEADOWS CIRCLE**  
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VICE PRESIDENT & DIRECTOR**  
3.3 STREET ADDRESS **STUART R. RUSSELL**  
3.4 CITY-ST-ZIP **1000 N. US HIGHWAY ONE, #613  
JUPITER, FL 33477**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **VICE PRESIDENT & DIRECTOR**  
4.3 STREET ADDRESS **JEAN M. LAUKHOF**  
4.4 CITY-ST-ZIP **14180 BLACKBERRY DRIVE  
WEST PALM BEACH, FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **SECRETARY & DIRECTOR**  
5.3 STREET ADDRESS **RICHARD E. LAUKHOF**  
5.4 CITY-ST-ZIP **14180 BLACKBERRY DRIVE  
WEST PALM BEACH, FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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** **4/21/97**

CR2E034 (9/96)