

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 # P95000095249 (5) NC 3/11/96

1. Corporation Name

MR & JB SERVICES, INC. *Excel Staffing Providers, Inc.*
(see ATTACHED)



Principal Place of Business

515 NO. FLAGLER DRIVE
19TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address

515 NO. FLAGLER DRIVE
19TH FLOOR
WEST PALM BEACH FL 33401

2. Principal Place of Business

2a. Mailing Address

21 12798 W. Forest Hill Blvd

26 12798 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 301A

27 Ste. 301A

City & State

City & State

23 West Palm Bch., FL

28 West Palm Bch., FL

Zip

Country

Zip

Country

24 33414

25 US

29 33414

30 US

9. Name and Address of Current Registered Agent

CASEY, PATRICK J
515 NO. FLAGLER DRIVE
19TH FLOOR
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

12/14/1995

3a. Date of Last Report

4. FEI Number

65-0629535

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

10. Name and Address of New Registered Agent

81 Name

Alex J. Bovio

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

12798 W. Forest Hill Blvd Suite 301

83

84 City

West Palm Beach

FL

85 Zip Code

33414

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Alex J. Bovio

(NOTE: Registered Agent signature required when transferring)

DATE

1/196

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, PATRICK J	
STREET ADDRESS	515 NO. FLAGLER DRIVE, 19TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alex J. Bovio	
1.3 STREET ADDRESS	12798 W. Forest Hill Blvd Suite 301	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
2.1 TITLE	OV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roy, Marcia Elaine	
2.3 STREET ADDRESS	12260 Old Country Road	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BAUMANN, JAMIE Leigh	
3.3 STREET ADDRESS	1195 READING TERRACE	
3.4 CITY-ST-ZIP	WPB, FL 33414	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alex J. Bovio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-126196

407-791-2520

CR2E034 (12/95)

5/1/96