


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003226 (3)

1. Corporation Name

CONTRACTORS STAFFING RESOURCE, INC.

Principal Place of Business
12444 OLD COUNTRY ROAD
WELLINGTON FL 33414

Mailing Address
12444 OLD COUNTRY ROAD
WELLINGTON FL 33414-4812



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 12773 W. Forest Hill Blvd		26 Same		01/05/1996		01/05/1996	
22 Suite, Apt. #, etc. #1212		27 Suite, Apt. #, etc.		4. FEI Number 65-0632278		Applied For Not Applicable	
23 Wellington FL		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
24 33414		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Palm Beach		30 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MERGO, MARK A 12444 OLD COUNTRY ROAD WELLINGTON FL 33414				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

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	D/P/T	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERGO, MARK A			1.2 NAME			
STREET ADDRESS	12444 OLD COUNTRY ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLENDER, GARY M			2.2 NAME			
STREET ADDRESS	5781 UPLAND WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33417			2.4 CITY-ST-ZIP			
TITLE	D/V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Barbara Scott			3.2 NAME			
STREET ADDRESS	1114 Ustler Rd			3.3 STREET ADDRESS			
CITY-ST-ZIP	Apopka FL 32712			3.4 CITY-ST-ZIP			
TITLE	D/V/S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Terrence G. Riley			4.2 NAME			
STREET ADDRESS	290 174 B St #305			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. Miami Beach FL 33160			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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:

Terrence G. Riley

Per

3/25/97

561-753-6111

CR2E034 (9/96)