

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martin</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 96000006788**  
1. Corporation Name  
*Network Staffing Inc.*

Principal Place of Business  
*1828 Duskin Ave  
Orlando Fl 32839*

2. Principal Place of Business <b>1828 Duskin</b>		2a. Mailing Address <b>1828 Duskin</b>		4. FEI Number <b>59-3358394</b>	
Suite, Apt. #, etc. <b>21</b>		Suite, Apt. #, etc. <b>26</b>		Applied For Not Applicable	
City & State <b>22</b> <b>Orlando Fl</b>		City & State <b>27</b>		5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b> <b>32839</b>	Country <b>25</b> <b>Orange</b>	Zip <b>28</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>Network Staffing Inc Joseph weaver 1828 Duskin Ave Orlando Fl 32839</i>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City <b>FL</b>
		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 *Joseph T. Weaver*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President / Owner</i>	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	<i>JOSEPH T. weaver</i>		1.2 NAME
STREET ADDRESS	<i>1828 Duskin Ave</i>		1.3 STREET ADDRESS
CITY-ST-ZIP	<i>Orlando Fl 32839</i>		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
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
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	<i>3000024954</i>
NAME			<i>-04/24/98-01035-024</i>
STREET ADDRESS			<i>***150.00</i>
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: *Joseph T. Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-98 407-859-5707  
Daytime Phone #

CR2E034 (10/97)

Date