

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

FILED

**Apr 16 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 # P96000015270 (7)
 1. Corporation Name
PRIORITY STAFFING, INC.



Principal Place of Business 12008 MARBLEHEAD DR. TAMPA FL 33626	Mailing Address 12008 MARBLEHEAD DR. TAMPA FL 33626-2502
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3. Date Incorporated or Qualified 02/13/1996	3a. Date of Last Report
4. FEI Number 59-3365206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1408 N. WESTSHORE BLDG. Suite, Apt. #, etc. 22 SUITE 802	2a. Mailing Address 26 Suite, Apt. #, etc. 27
23 TAMPA FL City & State 24 33622 25 Zip Country	28 City & State 29 Zip 30 Country

9. Name and Address of Current Registered Agent
GOEN, ROBERT C
12008 MARBLEHEAD DR.
TAMPA FL 33626

10. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPVT	<input type="checkbox"/> DELETE
NAME	GOEN, ROBERT C	
STREET ADDRESS	12008 MARBLEHEAD DR.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, MARIA E	
STREET ADDRESS	12008 MARBLEHEAD DR.	
CITY-ST-ZIP	TAMPA FL 33626	
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	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOEN, ROBERT C	
1.3 STREET ADDRESS	12008 MARBLEHEAD DR	
1.4 CITY-ST-ZIP	TAMPA, FL 33626	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARL H. BASS	
2.3 STREET ADDRESS	8639 N. HINES AVE, Unit # 2414	
2.4 CITY-ST-ZIP	TAMPA, FL 33614	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT B. BURNS	
3.3 STREET ADDRESS	3206 SHORE VIEW DR	
3.4 CITY-ST-ZIP	HIGHLAND VILLAGE, TX 75067	
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 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: Robert C Goen 4-6-97 813-855-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)