

APR 30 '99 11:46AM RUIZ&COMPANY  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90048 030 \*\*\*150.00

DOCUMENT # 99600019973

Corporation Name

PRIORITY INDUSTRIAL TEMPORARIES, INC.

Principal Place of Business

Mailing Address

2045 E. 4th AVENUE  
HIALEAH, FL 33010

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HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/96

4. FEI Number

65-0649409

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURRAY GORDON  
2101 ATLANTIC SHORES BLVD.  
APT# 311-7  
HALLANDALE, FL 33009

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

1. 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

2. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE  
D  
MURRAY, GORDON  
2. STREET ADDRESS  
2101 ATLANTIC SHORE BLVD #311-7  
3. CITY-STATE-ZIP  
HALLANDALE, FL 33009

4. NAME ☐ DELETE  
5. STREET ADDRESS  
6. CITY-STATE-ZIP

7. NAME ☐ DELETE  
8. STREET ADDRESS  
9. CITY-STATE-ZIP

10. NAME ☐ DELETE  
11. STREET ADDRESS  
12. CITY-STATE-ZIP

13. NAME ☐ DELETE  
14. STREET ADDRESS  
15. CITY-STATE-ZIP

16. NAME ☐ DELETE  
17. STREET ADDRESS  
18. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

3. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99