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FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033650 (8)

1. Corporation Name
INNOVATIVE STAFFING, INC.



Principal Place of Business
1815 GRIFFIN RD.
SUITE 403
DANIA FL 33004

Mailing Address
1815 GRIFFIN RD.
SUITE 403
DANIA FL 33004-2252

3. Date Incorporated or Qualified
04/18/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4801 S. University Drive

22 City & State

27 Suite 202 East

23 Zip Country

28 Davie, FLORIDA

24

29 33328 30 U.S.A.

4. FEI Number
65-0684197

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELLER, JOSEPH S
GELLER, GELLER & GARFINKEL
1815 GRIFFIN RD., #403
DANIA FL 33004

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 PSD
NAME GARBARINO, HILLARY G
STREET ADDRESS 1815 GRIFFIN RD., #403
CITY-ST-ZIP DANIA FL 33004

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VTD
NAME GARBARINO, ANTHONY
STREET ADDRESS 1815 GRIFFIN RD., #403
CITY-ST-ZIP DANIA FL 33004

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VSD
NAME GELLER, JOAN
STREET ADDRESS 1815 GRIFFIN RD.
CITY-ST-ZIP DANIA FL 33004

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: [Signature] 3/21/97 (954) 424-5502

CR2E034 (9/96)