

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033650 (8)

1. Corporation Name
INNOVATIVE STAFFING, INC.

Principal Place of Business 1815 GRIFFIN RD. SUITE 403 DANIA FL 33004	Mailing Address 4801 S UNIVERSITY DRIVE SUITE 202 EAST DAVIE FL 33328 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/18/1996	4. FEI Number 65-0684197	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 4801 S. University Dr. Suite, Apt. #, etc. 22 Suite 202 East City & State 23 Davie, FL 33328 Zip 24 33328	2a. Mailing Address 26 4801 S. University Dr. Suite, Apt. #, etc. 27 Suite 202 East City & State 28 Davie, FL 33328 Zip 29 33328 Country 30 U.S.A.
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9. Name and Address of Current Registered Agent GELLER, JOSEPH S GELLER, GELLER & GARFINKEL 1815 GRIFFIN RD., #403 DANIA FL 33004	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	GARBARINO, HILLARY G	1.2 NAME	
STREET ADDRESS	1815 GRIFFIN RD., #403	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	GARBARINO, ANTHONY	2.2 NAME	
STREET ADDRESS	1815 GRIFFIN RD., #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	GELLER, JOAN	3.2 NAME	
STREET ADDRESS	1815 GRIFFIN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Hillary Garbarino 4/28/98 (954) 434-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0288864

CR2E034 (10/97)