

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

DOCUMENT # P96000033650

1. Corporation Name  
INNOVATIVE STAFFING, INC.

Principal Place of Business

4801 S UNIVERSITY DR  
STE 202E  
DAVIE FL 33328  
US

Mailing Address

4801 S UNIVERSITY DRIVE  
SUITE 202 EAST  
DAVIE FL 33328  
US

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90104 021 \*\*\*150.00



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

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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 Geller, Joseph S  
82 Street Address (P.O. Box Number is Not Acceptable) Geller, Geller & Garfinkel  
83 2411 Hollywood Blvd.  
84 City Hollywood FL 85 Zip Code 33020

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD  
1.2 NAME Garbarino, Hillary  
1.3 STREET ADDRESS 2411 Hollywood Blvd -  
1.4 CITY-ST-ZIP Hollywood, FL 33020

2.1 TITLE NTD  
2.2 NAME Garbarino, Anthony  
2.3 STREET ADDRESS 2411 Hollywood Blvd -  
2.4 CITY-ST-ZIP Hollywood, FL 33020

3.1 TITLE VSD  
3.2 NAME Geller, Joan  
3.3 STREET ADDRESS 2411 Hollywood Blvd -  
3.4 CITY-ST-ZIP Hollywood, FL 33020

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: Hillary Garbarino  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/20/99  
Daytime Phone #

CR2E034 (11/98)