

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

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000034387 (6)

1. Corporation Name

OUTSOURCE INTERNATIONAL, INC.

Principal Place of Business

8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

Mailing Address

8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487-1620



3. Date Incorporated or Qualified

04/19/1986

3a. Date of Last Report

2. Principal Place of Business

21 1144 E. Newport Center Drive  
Suite, Apt. #, etc.

2a. Mailing Address

26 1144 E. Newport Center Drive  
Suite, Apt. #, etc.

4. FEI Number

65-0675628

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

BURRELKL, PAUL M  
8000 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Robert A. Lefcort

82 Street Address (P.O. Box Number is Not Acceptable)

1144 E. Newport Center Drive

83

84 City

Deerfield Beach

FL

85 Zip Code

33442

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

1/17/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURRELL, PAUL M	
STREET ADDRESS	8000 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President + Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul M. Burrell	
1.3 STREET ADDRESS	1144 E. Newport Center Drive	
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
2.1 TITLE	V.P. Sec. + Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert A. Lefcort	
2.3 STREET ADDRESS	1144 E. Newport Center Drive	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
3.1 TITLE	Treasurer + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert E. Tomlinson	
3.3 STREET ADDRESS	1144 E. Newport Center Drive	
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M Burrell

1/9/97 (1954) 414-6428

0339992

CR2E034 (9/96)