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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600035338 (8)

UNIVERSAL STAFFING EMPLOYMENT, INC.

1221 WEST COLONIAL DRIVE	
STE 100	
ODIAMOO CI 99904	

Principal Place of Business

Mailing Address

1221 WEST COLONIAL DRIVE STE 100

## **FILED** Apr 29 1997 8:00am Secretary of State



ORLANDO FL 32804		ORLANDO FL 32904-7156		3. Date Incorporated or Qualified 3a. Date of Last Report		
				04/22/1996		
2. Principal Place of Business		28. Mailing Address		4. FEI Number 2010 1	1/-	Applied For
21		26		34-001410	<u>ye</u>	Not Applicable
Suite, Apt 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible	e tax under s. 199.032,
4	25	29	30			□ No
	9. Name and Address of Curre	ent Registered Agent	Add to	10. Name and Address of New Re	gistered	Agent
COR	Poration Service Compan	Y	81 Name	onvelW. RIST	Tras	e)
1201	HAYS ST		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
TALL	AHASSEE FL 32301		122	1 W. Colonial D	a S	rite 100
			83	<del>-</del>	-	
			84 City			85 Zip Code
				elendo	FL	- 32504
11. Pursuant t	o the previsions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named c	orporation submits this statement for the	purpose o	of changing its registered.
office or re	ea stered anent, or both, in the Stat	le of Florida. Such change was	authorized by the corpo	pration's board of directors. I hereby acce	pt the ap	pointment as registered
agent Far	n familiar with, and accept the obli			I look	A	ים. עבר ע
SIGNATURE .	samuel w. A	SUTCOR PR	TE: Registered Agent algnature re	ary act upon rejected to a	DATE	7-447/
12.	Signature, typica or printed name of registered a OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTORS IN 12
TILE	PSD	DELETE	1.1 TITLE			Change Addition
IAME	BUTLER, SAMUEL	<del></del> -	1.2 NAME			
STREET ADDRESS	1221 WEST COLONIAL DRIVI	E QTE 100	1.3 STREET ADDRESS			
	ORLANDO FL 32804	L OIL 100	1.4 CITY - ST - ZIP			
CHIY-ST 76' THEE	UNDANDO PE 32804	☐ DELE1€	2.1 TiTLE			Change Addition
NAMI			2.2 NAME			
			23 STREET ADDRESS			
STREET ADDRESS			1			
CITY - ST - ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TIYLE			Change Addition
T'TLF		T"I DETELE				C thange C recition
NAMI			3.2 NAME			
STREET ADDRESS		•	3.3 STREET ADDRESS			
City - St - ZIP	·	D profits	3.4. CITY-ST-ZIP			Change Addition
TIFLE		DELETE	4.1 TOTLE			Through The Manager
NAMe			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - ZiP		FT 65.5	4.4 CITY-ST-ZIP			Change Laddidge
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
COLV-S1-20P			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY- S1-ZIF			6.4 CITY - ST - ZIP			
nii 3 CZIF	and that the information areas	ind with this bling does not gue		ated in Section 119 07(3\(i)) Florida Statut	es I furth	er certify that the

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.

Anvelw. Butter