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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000035380 (0)**

1. Corporation Name
ADMINISTRATIVE STAFF SERVICES, INC.

Principal Place of Business	Mailing Address
~~1110 HALLANDALE BEACH BOULEVARD~~ ~~HALLANDALE FL 33009~~	~~1110 HALLANDALE BEACH BOULEVARD~~ ~~HALLANDALE FL 33009~~

3. Date Incorporated or Qualified: 04/19/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1133 S. University DR.	26 1133 S. University DR
22 Suite, Apt. #, etc. Ste 201	27 Suite, Apt. #, etc. Ste 201
23 City & State PLANTATION FL	28 City & State PLANTATION FL
24 Zip 33324 25 Country ~~USA~~ BROWARD	29 Zip 33324 30 Country BROWARD

4. FEI Number: 65-0660052 ☐ 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
SEIDENSTEIN, BRUCE R ~~1110 HALLANDALE BEACH BOULEVARD~~ ~~HALLANDALE FL 33009~~	81 Name: Bruce R. Seidenstein 82 Street Address (P.O. Box Number is Not Acceptable): 1133 S. University DR 83 Ste 201 84 City: PLANTATION FL 85 Zip Code: 33324

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 _____
Signature, type or print name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SEIDENSTEIN, BRUCE R	1.2 NAME	SEIDENSTEIN, BRUCE R
STREET ADDRESS	~~1110 HALLANDALE BEACH BOULEVARD~~	1.3 STREET ADDRESS	1133 S. UNIVERSITY DR. STE 201
CITY-ST-ZIP	~~HALLANDALE FL 33009~~	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUL LERNER	2.2 NAME	
STREET ADDRESS	1133 S. UNIVERSITY DR STE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Bruce R Seidenstein Bruce R Seidenstein 3/7/97 (954) 423-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0610484