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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044345 (2)

## FILED Apr 20 1998 8:00am Secretary of State

FISHER	R & COMPANY STAFF	LEASING, INC.  Mailing Address			
•					
546 - 1ST STREET VERO BEACH FL 32962		546 - 1ST STREET VERO BEACH FL 32962		DO NOT WRI	TE IN THIS SPACE
				3. Date Incorporated or Qualified	
				05/20/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0739211	Not Applicabl
Suite, Apt.	#, etc	Suite, Apt. #, etc.			CO 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8, This corporation owes or has	paid the current year Intangible
24	25	29	30	Personal Property Tax due Jui	ne 30. 🔲 Yes 🔲 No
	g, Name and Address of C	urrent Registered Agent		10. Name and Address of New F	Registered Agent
TO	OMEY, ROBERT		81 Name		
54	8 · 1ST STREET		82 Street Add	ress (P.O. Box Number is Not Accept	table)
VE	RO BEACH FL 32962				
			83		
			04 04		lee 7:- Code
			84 City		FL 85 Zip Code
44 Oursuppt	to the provisions of Sections 60	17 0602 and 607 1509 Florida State	os the above named corr	poration submits this statement for the	a purpose of changing its registered
office or r	egistered agent, or both, in the m familiar with, and accept the	State of Florida Such change was obligations of, Section 607.0505, Fl	authorized by the corporat orida Statutes.	poration submits this statement for the tion's board of directors. I hereby accurate the releases	cept the appointment as registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the m familiar with, and accept the Signature, typed or printed name of register	State of Florida Such change was obligations of, Section 607.0505, Florida agent and title if applicable (NO	authorized by the corporat orida Statutes.  E. Rogisterod Agent signature requi-	tion's board of directors. I hereby acc red when reinstating)	DATE
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office or ragent. I a SIGNATURE  12.	egistered agont, or both, in the milliam familiar with, and accept the Signature. Niped or junted name of register OFFICER	State of Florida Such change was obligations of, Section 607.0505, Florid agent and title if applicable (NOIS AND DIRECTORS	authorized by the corporal orida Statutes.  E. Registered Agent signature required.  13.  1.1 TITLE	tion's board of directors. I hereby acc red when reinstating)	DATE FICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this fiting 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 suppliemental 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 changing on in attachment with an address.

CICALATUDE.

~ /c

Papert Toomee

3/2/98

561-569-2169