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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000048332

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90004 033 ***150.00

SOUTHE	AST STAFFING, INC.							
Dringing Place	of Business	Mailing Address		***	 	- 18814881 110 (\$148 BI) 180115 BB 08511 4	7	
Principal Place of Business Mailing Address 18 AVENUE B WEST. SUITE 5 551 \$ APOLLO MELBOURNE FL 32901 STE 206 MELBOURNE FL 32901						DO NOT WRITE IN T	HIS SPACE	
		US			3.	Date Incorporated or Qualifed		
		00			-	06/06/1996		
2 Principal P	lace of Business	2a. Mailing Address			4.	FEI Number	Ap	plied For
	ace of business	26				59-3382077		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	Additional
22	, 5.6.	27			5.	Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6.	Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8.	This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		·	10.	Name and Address of New Register	ed Agent	
A145	DH AMAZED CHARTERED		81	Name				
AMERILAWYER CHARTERED 343 ALMERIA AVENUE			82	Street Ad	ddress (P	P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83	i			·	
			84	City			85 Zip C	Code
				'			-L	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corpor	ation's bo	n submits this statement for the purpose oard of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NOTE)	Registered Age	nt signature req	uired when r	reinstating) DATE		
12.		ND DIRECTORS	13.	o.g		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	CAMPBELL, SEAN F		1.2 NAME					}
STREET ADDRESS	551 S APOLLO BLVD		1.3 STREE	TADDRESS				İ
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-9	ST-ZIP				
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	V	PEE	5	☐ Change	Addition
NAME	DERIAN CAMPBELL		22 NAME	-1	PERIAN	N CAMPBELL BOURNE FL 32901	,	İ
STREET ADDRESS	PERMIT OF THE		2.3 STREE	TADDRESS 5	551 S	. Apollo Blud, Stead	6	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	nelp	POLLONE FL 32901		
TITLE		☐ DELETE	3.1 TITLE	ĺ			Change	☐ Addition
NAME			3.2 NAME			·		
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		•		☐ Change	☐ Addition
NAME			4. 2 NAME					Į.
STREET ADDRESS			4.3 STREE	T ADDRESS				1
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			- 4-	
TITLE		☐ DELETE	5.1 TITLE	Γ			☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				. [
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition }
NAME			6.2 NAME					
CTDEET ADDRESS			6.3 STREE	TADORESS				

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 arn an officer or director of the corporation or the receives 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS