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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000049588 (2)

ELITE STAFFING OF ORLANDO, INC.

Principal Place of Business

Mailing Address

FILED Feb 04 1997 8:00am Secretary of State



Suite, Apt. #, etc. 2	OVIEDO FL 327	NTOAKS COVE 185	3894 KINGSTO OVIEDO FL 3	ON OAKS 90VE 12765-7835			
Principal Place of Business Sections 607 (Sections 607	· .					06/07/1996	3a. Date of Last Report
Surie, Apt. P. etc. Surie, Apt. P. etc. Suries Sur	111/		2a. Mailing A	ddress	2111		
City & State 20 City & State 20 City & State 20 City & State 20 City & State 21 City & State 22 City & State 22 City & State 23 City & State 24 City & State 24 City & State 25 City & State		Tucher Hue.			14161	34-3384061	
Trust Fund Contribution Added to Face	22 5	ouit A.	27		<u> </u>		•
Superior	23	Orlando	28	Ulado		, -	
PATEL JUNEA 3894-KINGSTON DAKS COVE OVEDO PC 32765 13. Personal to the provisions of Sections 807 0502 and 607 1508. Ficads Statutes, the above-named corporation automits this statement for the purpose of changing its register office or registered partly, or both, in the State of Expide. Such change was authorized by the corporation automits this statement for the purpose of changing its register office or registered partly, or both, in the State of Expide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiarly wipf, and accept the obligation of Scentin 607 0505, Florida Statutes. SIGNATURE Signature vipic and remove registered agent act list if applicable. (NOTE Registered Agent agrature repared unon remaining) DATE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. SIRET ADORESS CRIT-ST-2P NAME PATEL DASHARAMA A 12 NAME STRET ADORESS CRIT-ST-2P NAME YORK NY 11428 DELETE 13. STRET ADORESS CRIT-ST-2P OVEDO PL 32765 DELETE 14. CRIT-ST-2P OVEDO PL 32765 DELETE 15. TITLE DEL	ZP 15	25 DIUM	141. 29 3285	57 30	~	Florida Statutes	Yes No
### Speak Myses ON OAKS COVE OVEDO R 32785 11. Pursuent to the provisions of Socions 607.0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered petits, or both, in the State of Eginda. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, tem lamilarly with, and accept the obligation of Specifical Statutes. 1			Enrent Registered Age	ent	B1 Name	10. Name and Address of New Rec	gistered Agent
1. Parsuent to the provisions of Sections 607 0502 and 607 1508, Flords Statutes, the above-named composition submits this statement for the purpose of changing its register of flore or registered perfly, or both, in the State of Elands. Such change was authorized by the corporation's board of directors. I heroby acopt the appointment as registered agent, and remails will and score the obligation of Socion 607 0505, Florida Statutes. SIGNATUTE	3894	LICINGSTON OAKS COVE			82 Street Add <u>3</u> 84나 83	dress (P.O. Box Number is Not Acceptab	
Office or registered petht, or both, in the State of Exrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and familiar with any accept the obligation of pacients for 50 Specine for)viedo	FL 32765
TILE D DELETE 1.11TILE DASHARANA A 12 NAME PATEL, DASHARANA A 12 NAME STREET ADDRESS CITY-ST-2P NEW YORK NY 11426 DELETE 2.11TILE DASHARANA A 12 NAME 14 NAME PATEL, DASHARANA A 12 NAME 15 ABITH ROAD - BELLROSE 14 CITY-ST-2P NEW YORK NY 11426 DELETE 2.11TILE DASHARANA A 248-15 ABITH ROAD - BELLROSE 14 CITY-ST-2P NEW YORK NY 11426 DELETE 2.11TILE DASHARANA A 240-15 ABITH ROAD - BELLROSE 14 CITY-ST-2P DASHARANA A 12 NAME PATEL, VIREN A 25 SIRRET ADDRESS CITY-ST-2P OVED PL 32765 DELETE 3.1 TITLE 3.1 TITLE 3.2 NAME 32 NAME 33 NAME A CITY-ST-2P TITLE DELETE 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 5.1 TITLE 5.2 NAME 3.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.2 NAME 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.1 TITLE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DELETE 5.3 NAME 5.3 SIRRET ADDRESS CITY-ST-2P DEL	office or re agent. Lai	egistered agent, or both, in the m familia with, and accept the	e State of Elorida. Such c e obligations of Section 6	change was authori 607.0505, Florida S	zed by the corpora latutes.	ation's board of directors. I hereby accept	it the appointment as registered
TITLE D DELETE 1.1 TITLE Change Addit NAME PATEL, DASHARANA A 12 NAME STREET ADDRESS 249-15 88TH ROAD - BELLROSE STRY-ST-2P NEW YORK NY 11428 DELETE 2 I TITLE NAME PATEL, VIREN A 22 NAME STREET ADDRESS CITY-ST-2P OVIEDO FL 32765 CITY-ST-2P OVIED							
NAME STREET ADDRESS 248-15 88TH ROAD - BELLROSE 1.3 STREET ADDRESS 1.4 CITY-ST-2P 1.7 ST-2P 1.7						ADDITIONS/OFFIARGES TO OFFICE	
STREET ADDRESS 248-15 88TH ROAD - BELLROSE 13 STREET ADDRESS 14 CITY-ST-ZIP					4		<u> </u>
TITLE D			TUROSE				
DELETE DELETE Change Addit					1		
NAME PATEL VIREN A 3804 KINGSTON OAKS COVE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addit Add			Z				Change Addition
STREET ADDRESS 3804 KINGSTON OAKS COVE 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP	NAME			2.2	NAME		
CHY-ST-ZIP OVEDO FL 32765	STREET ADDRESS		COVE	2.3	STREET ADDRESS		
DELETE 31 TITLE Change Addit NAME Change Addit STREET ADDRESS SAGLE NAME STREET ADDRESS SAGLE NAME STREET ADDRESS SAGLE NAME STREET ADDRESS SAGLE SA	**	*****			1		
STREET ADDRESS 3894 Value 104 10							Change Addition
STREET ADDRESS 38 94	NAME .	Pater Pring V		3.2	NAME		
DELETE DELETE Change Addit	STREET ADDRESS	1 -	es low	3.3	STREET ADDRESS		
A 2 NAME	CITY-ST-ZIP		. ,	3.4	CITY-ST-ZIP		
### ### ##############################	TITLE			DELETE 4:	TITLE		Change Addition
A CITY-ST-ZIP	NAME			4	2 NAME		
DELETE DELETE 5.1 TITLE Change Addit	STREET ADDRESS			4.3	STREET ADDRESS		
STREET ADDRESS 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP Change Addit Addi	CITY-ST-ZIP			4.4	CITY - ST - ZIP		
STREET ADDRESS	TITLE			DELETE 5.1	TITLE		Change Addition
	NAME :			5.2	NAME		$\langle 1 \rangle$
TITLE DELETE 6.1 TITLE Change Addit MAKE 6.2 NAME	STREET ADDRESS			5.3	STREET ADDRESS	•	
MAKE 6.2 NAME	CITY-ST-ZIP			5.4	CITY-ST-ZIP		70.0
	TILE			DELETE 6.1	TITLE		Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2	NAME		
	STREET ADDRESS			6.3	STREET ADDRESS	4 0	
COTY-ST-ZIP W ANY					1	T BANK	

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 Chapter 607, or on an attachment with an address.

SIGNATURE:

(407) 306-8080