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

DOCUMENT # P96000058937 (9)

HOSPITALITY & EVENT STAFF, INC.

Principal Plac		Mailing Address		
SUITE 200 SU		\$385 CONROY RD. SUITE 200 ORLANDO FL 32811-3763)	
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 420	7 Vineland Koad	56 ADOJO:	neland Ross	59 - 339 3568 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & Stat	te-M16	27 City & State	MIZ	Fee Required
23	6	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes
	9. Name and Address of Current		1001	10. Name and Address of New Registered Agent
LEH	IMAN, DAVID H		81 Name	
	5 CONROY RD.		82 Street A	ddroon (P.O. Day Number is Not Assessable)
	TE 200		62 Street Al	ddress (P.O. Box Number is Not Acceptable) 07 V T N E LANA
	ANDO FL 32811		83	7 T T T T T T T T T T T T T T T T T T T
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or I	registered agent, or both, in the State o am familiar with, and accept the obligat	of Florida, Such change was	authorized by the corpo	oration's board of directors. I hereby accept the appointment as registered
	and accept the congar	1,0000,100 (10,000)	jonus statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	t and little if applicable (NC	DIE Registered Agent signature re	equired when reinstating) DATE.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIPLCTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	LEHMAN, FREDERIC R		1.2 NAME	
STREET ADDRESS	5385 CONROY RD., STE. 200		1.3 STREET ADDRESS	4207 Vineland Road-Snite M16
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY - ST - ZIP	
TITLE	PRESEDENT	DELETE	2.1 TITLE	President Change Addition
NAME	LEHMAN, DAVID 1 4207 VINELAND	t	2.2 NAME	
STREET ADDRESS	HADO UTNELAN	2600D-INELEW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 3	7811	2.4 CHY-S1-ZIP	
TITLE	4. F	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	l .		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	<u></u>		4.4 CITY - \$1 - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	$X \cap A \cap A$
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1 11
TITLE		☐ DELETE	6.1 TOLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	& SANK
1	i			W つけび た 。

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:

Tieldelie R. Bakman

Jan 15 1997

407-425-5300

FILED

Feb 11 1997 8:00am

Secretary of State