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Secretary of State

03-16-1999 90119 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000058937**

1. Corporation Name
HOSPITALITY & EVENT STAFF, INC.

Principal Place of Business	Mailing Address
4207 VINELAND RD SUITE M16 ORLANDO FL 32811	4207 VINELAND RD SUITE M16 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1996

2. Principal Place of Business	2a. Mailing Address
21 4407 Vineland Rd.	26 4407 Vineland Rd.
Suite, Apt. #, etc 22 D-12	Suite, Apt. #, etc. 27 D-12
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip / Country 24 32811 25	Zip / Country 29 32811 30 USA

4. FEI Number: 59-3393568 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEHMAN, DAVID H
4207 VINELAND ROAD
SUITE M16
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: David H. Lehman
82 Street Address (P.O. Box Number is Not Acceptable): 4407 Vineland Rd.
83: D-12
84 City: Orlando **FL** 85 Zip Code: 32811

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: David H. Lehman, Pres. DATE: 3/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	LEHMAN, FREDERIC R		12 NAME		
STREET ADDRESS	4207 VINELAND ROAD--SUITE M16		13 STREET ADDRESS	4407 Vineland Rd. D-12	
CITY-ST-ZIP	ORLANDO FL 32811		14 CITY-ST-ZIP	Orlando, FL 32811	
TITLE	P	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	LEHMAN, DAVID H		22 NAME		
STREET ADDRESS	4207 VINELAND ROAD--SUITE M16		23 STREET ADDRESS	4407 Vineland Rd. D-12	
CITY-ST-ZIP	ORLANDO FL 32811		24 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: David H. Lehman — 3/12/99 — 407-423-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #