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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000067138 (3)

SENIORSTAFF, INC.

**FILED** May 13 1998 8:00am Secretary of State

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<del></del>						
Principal Plac	e of Business	Mailing Address				
430 S. TAMIAMI TRAIL P.O. BOX 48944						
SUITE B SARASOTA FL 34230 SARASOTA FL 34230				DO NOT WRITE IN THIS SPACE		
ONNAOUN I	L 34200			3. Date Incorporated or Qualified		
				08/13/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For		
21		26		65-0689855 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional		
22		27		5. Certificate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	25	29 3	0	Personal Property Tax due June 30. Yes No		
<b></b>	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent		
MK	GLIORE, ANTHONY V		81 Nan	ame		
41	73 HEARTHSTONE DRIVE		<b>62</b> Stre	reet Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34238				,		
			83			
			84 City	ty 85 Zip Code		
				<i>f</i> L   "  - " - " - " - " - " - " - " - " -		
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.						
agent. I a	orrice 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						
	Signature, typed or printed name of registered age			nature required when reinstating) DATE		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition		
NAME	MIGLIORE, ANTHONY V		1.2 NAME			
STREET ADDRESS	4173 HEARTHSTONE DRIVE		1.3 STREET ADDRES	ESS		
CITY-ST-ZIP	SARASOTA FL 34238	□ pc cre	1.4 CITY-ST-ZIP	····		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRES	ESS		
CITY-ST-ZIP		Dr. cre	2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE	Change		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP			
TITLE			4.1 TITLE	Change Addition		
NAME		•	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	İ		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP			
1		☐ vereit	5.1 TITLE	☐ Change ☐ Addition		
NAME OTREET ADDOCCC			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP			
		☐ DETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	ESS		
CITY-ST-ZIP	partify that the information supplied w	ith this filing does not a wife for	6.4 CITY - ST - ZIP	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated	and the manual morning of supplied w	in this ming does not quality for t	ne exemption su	stated in Section 113.07(3)(1), Fighton Statutes. Filtrither certify that the information		

intal 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 acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in