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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

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Mar 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000071648 (5)**

Lam an officer or director of this corporation or the receiver or trus appears in Block 12 or Block 13 if changed or on an attachment

SIGNATURE:

UNIVERSAL TEMPORARY SERVICES, INC.

Principal Place of Business Mailing Address 6226 PRESIDENTIAL COURT #A 6226 PRESIDENTIAL COURT #A FORT MYERS FL 33919 FORT MYERS FL 33919-3521 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-06916Z5 Not Applicable 26 21 Suite Apt # etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🗶 Yes 🔲 No 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. PD 🔲 DELETE Change Addition Hite 1.1 1/114 SWEENEY, MICHAEL NW 1.2 NAME R2E034 6226 PRESIDENTIAL COURT #A STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33919 1.4 CITY - \$1 - 21F CONSUMP DELETE Change Addition 11/11 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS SHEET ALCIDESS CHY 51 70 2 4 C(TY - ST - Z)P DELETE Change Addition 3 1 TITLE 1.10 3.2 NAME BARR 3 3 STREET ADDRESS STREET ACTURES. 3.4 CITY-ST-ZIP CHY SI-78 DELETE Change Addition 100 4.1 TITLE 4.2 NAME MAN STREET MEDICAL 4.3 STREET ADDRESS 4.4 CITY-ST-7IP (049 - 5) - 260 DELETE Change Addition TI'LE 5 1 TITLE NAMI 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS. 5 4 CITY-ST-ZIP DELETE Addition 1 11 F 61 TITLE 1.853 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP 007 - 51 - 712 or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and accurate and that my signature shall have the same legal effect as if made under oath; that I do hereby cert fy that the information supplied with this filing does information indicated on this annual report or supplemental annual ry

veoner

execute this report as required by Chapter 607, Florida Statutes; and that my name

Date