

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90004 003 ***550.00

DOCUMENT # P96000072592

1. Corporation Name

PLANET STAFFING SERVICES, INC.

Principal Place of Business
**1304-C E. ATLANTIC BLVD.
POMPANO BEACH FL 33060**

Mailing Address
**1304-C E. ATLANTIC BLVD.
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

65-0691500

Applied For

Not Applicable

5. Certificate 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. ☐ Yes ☐ No

2. Principal Place of Business

21 3660 W. COMMERCIAL BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 3660 W. COMMERCIAL BLVD
Suite, Apt. #, etc.

City & State

23 Ft. LAUDERDALE, FL
Zip Country

City & State

28 Ft. LAUDERDALE, FL
Zip Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

**WALSTRUM, JOY
5281 NE 6TH AVENUE
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

WALSTRUM, JOY

82 Street Address (P.O. Box Number is Not Acceptable)

1439 NE 53 ST.

83

84 City

Ft. LAUDERDALE FL

85 Zip Code

33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D WALSTRUM, JOY**
STREET ADDRESS **5281 NE 6TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1439 NE 53 ST.**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33334**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99 954-676-5600

Date Daytime Phone #

CR2E034 (5/99)

0026605