

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075432 (0)

1. Corporation Name
GLOBAL STAFF LEASING, INC.



Principal Place of Business

Mailing Address

ST. PETERSBURG FL 33709

4020 PARK STREET NORTH
SUITE 300
ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6950 Central Avenue		26 6950 Central Avenue		09/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 170		27 Suite 170		59-3398334	
City & State		City & State		Applied For	
23 St. Petersburg, FL		28 St. Petersburg, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33707		29 33707		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		27		8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNAMARA, LAURIE H
4020 PARK STREET NORTH
SUITE 300
ST. PETERSBURG FL 33709

81 Name Terrance P. McNamara, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
7116 Gulf Boulevard
83 Suite E
84 City St. Pete Beach FL 85 Zip Code 33706

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 *Terrance P. McNamara* Terrance P. McNamara, ESQ., Legal Counsel 4/21/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPVST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAMARA, LAURIE H	1.2 NAME	Laurie H. McNamara
STREET ADDRESS	4020 PARK STREET NORTH, #300	1.3 STREET ADDRESS	6950 Central Avenue, Suite 170
CITY-ST-ZIP	ST. PETERSBURG FL 33709	1.4 CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	MCNAMARA, JOSEPH J	2.2 NAME	
STREET ADDRESS	4020 PARK STREET N, #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Terrance P. McNamara* 4/21/98 813-345-0330

CP2E034 (10/97)