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

PROFIT **CORPORATION** ANNUAL REPORT

1998

Secretary of State **DIVISION OF CORPORATIONS** 

P96000077346 (0)

rincipal Place of Business	Mailing Address
ISSO W. CYPRESS STREET. SUITE 101	4350 W. CYPRESS STREET. SUITE 101
IAMPA FL 33807	TAMPA FL 33607

## **FILED** Apr 30 1998 8:00am Secretary of State

SUN C	OAST STAFFING - SOUTH	, INC.						
Principal Plac	ce of Business	Mailing A	ddress					
4350 W. CYPRESS STREET. SUITE 101 4350 W. CYPRESS STREET					TE 101			
TAMPA FL 33807 TAMPA FL 33807				.E1. 0011			DO NOT WRITE IN THIS SPACE	
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal I	Place of Business	2a. Maitin	a Address				<b>09/16/1996 4.</b> FEI Number Applied For	
21		26					65-0695189 Not Applicable	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			SR 75 Additional		
22	27					5. Certificate of Status Desired Fee Required		
City & State		<b>⊢</b> ¬ ′	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28		<del></del>			Trust Fund Contribution Added to Fees	
Zip 24	Country	Z <sub>i</sub> p		<del></del>	ountry	•	8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
24]	9. Name and Address of Curre	29   ent Registered A	gent	<u></u>	T		Personal Property Tax due June 30. Yes No.  10. Name and Address of New Registered Agent	
Di	IRDEN, BRIAN A ESQ.	· · · · · · · · · · · · · · · · · · ·			81	Name		
	215 W. VERNE STREET, SUITE D				82	Ctroot Ad	Adress (D.O. Box Number is Not Acceptable)	
TAMPA FL 33606					02	SUBBL AU	Address (P.O. Box Number is Not Acceptable)	
• • • • • • • • • • • • • • • • • • • •					83			
					84	City	85 Zip Code	
							<b>FL</b>	
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508	B, Florida Statu	tes, the	above	-named co	orporation submits this statement for the purpose of changing its registered tration's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with, and accept the oblig	gations of, Section	on 607.0505, Fi	lorida St	atutes.		resides board of directors. Thereby accept the appointment as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered at	pent and title if applicat ND DIRECTORS	OIO (NO	It Register		nt signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP OF FICE AS AS	AD DIMECTORS	DELETE	_	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ENTIN, GEORGE D		_		NAME			
STREET ADDRESS	5203 BAYSHORE BLVD., #4					ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611			- 1	CITY-ST	1		
TITLE	D		DELETE		TITLE		☐ Change ☐ Addition	
NAME	SIMERLY, JULIAN C JR.			2.21	NAME			
STREET ADDRESS	16120 SW 76TH AVE.			23	STREET A	ADORESS		
CITY-ST-ZIP	SOUTH MIAMI FL 33157			2.4	CITY-S	T-ZIP		
TITLE	D		DELETE		TITLE	ĺ	Change Addition	
NAME	GARCIA, EDUARDO				NAME			
STREET ADDRESS	11841 SW 35TH TERRACE					ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		DELETE	_	CITY-SI	T-ZIP	Chance Addition	
TITLE	D		DELETE	4.1	TITLE	T-ZIP	☐ Change ☐ Addition	
TITLE NAME	D PAZ, LOURDES		DELETE	4.1 4.2	TITLE NAME		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	D PAZ, LOURDES 15560 SW 108TH LANE #13	115	DELETE	4.11 4.2 4.33	TITLE NAME STREET A	ADDRESS	☐ Change ☐ Addition	
TITLE NAME	D PAZ, LOURDES 15560 SW 106TH LANE #13 MIAMI FL 33196	15		4.11 4.2 4.33 4.41	TITLE NAME	ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D PAZ, LOURDES 15560 SW 106TH LANE #13 MIAMI FL 33196 D	115	DELETE	4.11 4.2 4.33 4.41 5.11	TITLE NAME STREET A CITY-ST	ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZHP TITLE	D PAZ, LOURDES 15560 SW 106TH LANE #13 MIAMI FL 33196 D MIGUEL, VICKIE	<del></del>		4.1 4.2 4.3 4.4 5.1 5.2	TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PAZ, LOURDES 15580 SW 108TH LANE #13 MIAMI FL 33198 D MIGUEL, VICKIE 8615 NW 8TH STREET #201	<del></del>		4.1° 4.2 4.3° 4.41 5.11 5.21 5.3°	TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS - ZIP ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PAZ, LOURDES 15560 SW 106TH LANE #13 MIAMI FL 33196 D MIGUEL, VICKIE	<del></del>		4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	TITLE  NAME STREET A CITY-ST TITLE  NAME STREET A	ADDRESS - ZIP ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZ, LOURDES 15580 SW 108TH LANE #13 MIAMI FL 33198 D MIGUEL, VICKIE 8615 NW 8TH STREET #201	<del></del>	DELETE	4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	ADDRESS - ZIP ADDRESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PAZ, LOURDES 15580 SW 108TH LANE #13 MIAMI FL 33198 D MIGUEL, VICKIE 8615 NW 8TH STREET #201	<del></del>	DELETE	4.1 4.2 4.3 4.44 5.11 5.2 5.3 5.4 6.11 6.2 1	TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS - ZIP ADDRESS	☐ Change ☐ Addition	

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 suppliemental 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: