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 # P96000079508 (3)

1. Corporation	L COMPUTER STAFFING,	INC	,	
GLODA	e oomi oren oran ma,	MO.		
Principal Place of Business Mailing Address				T TO BELLOOK THE MOTIO BILLIN CONTR. ODERS ODERS CONTR. SOUTH SOUTH BUILD BOLDS (THE FOUR
13016 PRESTWICK DRIVE 13016 PRESTWICK DRIVE RIVERVIEW FL 33569 RIVERVIEW FL 33569			/E	50 VOT WORKS AV TV NO 00105
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 09/25/1996
2. Principal Place of Business 2a. Mailing Address			4, FEI Number Applied For	
21 26			<u>_</u>	59-3403221 Not Applicable
Suite, Apt. #, etc. Suite, Apt 27		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
28				Trust Fund Contribution Added to Fees
Zip	Country	Z _i p	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent ANDREAS AND CHARTED 81 Name				10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED				
343 ALMERIA AVENUE CORAL GABLES FL 33134				dress (P.O. Box Number is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the above-named cor	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was ligations of, Section 607,0505, f	s authorized by the corpora Florida Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		,		
Signature, typed or printed name of registered agent and little if applicable. (NOTE Regis			OTE Registered Agent signature requ	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	Change Addition
NAME	FILA, JOANNA C		1.2 NAME	
STREET ADDRESS	13016 PRESTWICK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	RIVERVIEW FL 33569	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME		_ Dettif	22 NAME	Change C Acceptor
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME		—	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4. CITY-ST-ZIP	
TITLE		DELETE	41 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
CTREET ADDRESS			6.3 STREET ADDRESS	

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

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FILED

Apr 14 1998 8:00am

Secretary of State