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

PROFIT CORPORATION ANNUAL REPORT

1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000079572**1. Corporation Name

CAPITAL STAFFING, INC.

| Principal Place of Business Mailing Address | | | | _ | | . I (#\$\\##1 10 10\\# 0\\\\#\# 0\\\##1\\##1\\## | |
|--|--|--|---------------|-----------------|-----------------|---|--|
| 7601 N FEDERAL HWY 7601 N FEDERAL HWY | | | | | | | |
| A-225 A-225 | | | | | | DO NOT WRITE IN THE SPACE | |
| BOCA RATON FL 33487 BOCA RATON FL 33487 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | |
| US US | | | | | | 09/25/1996 | |
| O Dringing Di | lana of Duningon | 2a, Mailing Address | | | | 4. FEI Number Applied For | |
| | | | | | | 65-0706152 Not Applicable | |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | \$8.75 Additional | |
| | | | | | | 5. Certificate of Status Desired Fee Required | |
| 22 27 City & State City & State | | | | | | 6. Election Campaign Financing S5.00 May Be | |
| 23 28 | | | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | |
| | 9. Name and Address of Curren | t Registered Agent | | \Box | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name | | |
| SCHWANINGER, BOBBIE J | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | |
| 7601 N FEDERAL HWY | | | | | | , | |
| A-22 | ~ | | | 83 | | | |
| BOC | A RATON FL 33487 | | | 84 | City | 85 Zip Code | |
| | • • | | | | • | FL | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Stati | ites, the a | bove | e-named c | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered | |
| office or re | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was tions of, Section 607.0505, Fl | lorida Stat | utes. | uie corpor | bration's board of directors. Thereby accept the appointment as registere | |
| SIGNATURE | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | | E: Registered | Agen | t signature rec | required when reinstating) DATE | |
| 12. | ······ | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | · P | ☐ DELETE | 1,1 TI | | ŀ | [Change [Audulon | |
| NAME | SCHWANINGER, BOBBIE J | | 1.2 N | AME | İ | | |
| STREET ADDRESS | 836 NE 72ND ST | | 1.3 \$ | 1.3 STREET | | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | | 1.4 CITY-ST-ZIP | | Change Addition | |
| TITLE | - | ☐ DELETE | 2.1 11 | 2.1 TITLE | | . Criange Dividinor | |
| NAME | · | | 2.2 N | | | | |
| STREET ADDRÉSS | | | 2.3 S | REET | ADDRESS | | |
| CITY-ST-ZIP | | | | ITY-S | T-ZIP | Change Addition | |
| TITLE | | ☐ DELETE | 3.1 TI | | | | |
| NAME | | | 3.2 N | | | | |
| STREET ADDRESS | • | | | | ADDRESS | | |
| CITY-ST-ZIP | | | _ | ITY-5 | T-ZIP | Change Addition | |
| TITLE | · | ☐ DELETE | 4.1 TI | | | Change [] Addition | |
| NAME | | | 4.21 | | | | |
| STREET ADDRESS | , . | | 4.3 STREET | | ADDRESS | | |
| CITY-ST-ZIP | <u>``</u> ` | | _ | TY-S1 | Γ-ZIP | Change ☐ Addition | |
| TILE | · | ☐ DELETE | 5.1 T | | | , | |
| NAME | | | 5.2 N | | | | |
| STREET ADDRESS | | | | | ADDRESS | | |
| CITY-ST-ZIP | | · | | ITY-S1 | T-ZIP | Change Addition | |
| TITLE | • | ☐ DELETE | 6.1 TI | | | Change Addition | |
| NAME | 100 C. Burk the M. W. J. Farrick | | 6.2 N | | | | |
| STREET ADDRESS | To white of freel | | 6.3 S | TREE1 | ADDRESS | | |

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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

May 03, 1999 8:00 am Secretary of State

05-03-1999 90002 045 ***150.00