

**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 #** PA0000082434  
1. Corporation Name

**COLONY STAFFING, INC.**

NA0000082810

Principal Place of Business

Mailing Address

3225 AVIATION AVENUE  
STE. 700  
COCONUT GROVE, FL 33133

3225 AVIATION AVENUE  
STE. 700  
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

65-0688992 01/01/96

4. FEI Number  
65-0688992

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 Tax

[ ] Yes [ ] No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARCUS, STEWART  
3225 AVIATION AVENUE  
STE. 700  
COCONUT GROVE, FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MARCUS, STEWART [ ] DELETE  
STREET ADDRESS 3225 AVIATION AVE, STE. 700  
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE [ ] Change [X] Addition  
22 NAME P  
23 STREET ADDRESS HARVEY P. RAFOFSKY  
24 CITY-ST-ZIP 3225 AVIATION AVE., SUITE 700  
COCONUT GROVE, FL 33133

31 TITLE [ ] Change [X] Addition  
32 NAME V/T  
33 STREET ADDRESS PETER F. FAGAN  
34 CITY-ST-ZIP 3225 AVIATION AVE., SUITE 700  
COCONUT GROVE, FL 33133

41 TITLE [ ] Change [ ] Addition  
42 NAME 300002915679--2  
43 STREET ADDRESS -06/25/99--01060--011  
44 CITY-ST-ZIP \*\*\*1058.75 \*\*\*1058.75

51 TITLE [ ] Change [ ] Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 305-860-8188  
Date Date-time Phone #

CR2E034 (11/98)