


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

FILED

Apr 29 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 # P96000088334 (3) 1. Corporation Name STAFFED, INC.			
Principal Place of Business 4935 MARLA AVE LAKELAND FL 33813 US		Mailing Address 422 S. FLORIDA AVE, STE B LAKELAND, FL 33801 US	
2. Principal Place of Business 21 422 S. FLORIDA AVE Suite, Apt. #, etc. 22 SUITE B City & State 23 LAKELAND FL Zip 24 33801	2a. Mailing Address 26 422 S. FLORIDA AVE Suite, Apt. #, etc. 27 SUITE B City & State 28 LAKELAND FL Zip 29 33801	3. Date Incorporated or Qualified 10/25/1996 4. FEI Number 59-3425834 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	
g. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name BILL HARKINS, E.T.A. 82 Street Address (P.O. Box Number Is Not Acceptable) 500 S. FLORIDA AVE STE 601 83 84 City LAKELAND FL 85 Zip Code 33801	
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 BILL HARKINS <i>[Signature]</i> X <i>[Signature]</i> DATE			
12. OFFICERS AND DIRECTORS TITLE PSTD <input type="checkbox"/> DELETE NAME LAZARRE, MARGALINE STREET ADDRESS 4935 MARLA AVENUE CITY-ST-ZIP LAKELAND FL 33813		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>Margaline Lazarre</i> 4/20/98			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)