

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90235 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003970

1. Corporation Name
KING STAFFING, INC.



Principal Place of Business 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243	Mailing Address 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0731520	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROWAN, JAMES P % 4200 WACKENHUT DRIVE SUITE 100 PALM BEACH GARDENS FL 33410-4243				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
						FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	Change <input type="checkbox"/> Addition		
NAME	WHIPPLE, PAULA			1.2 NAME			
STREET ADDRESS	4200 WACKENHUT DR STE 100			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHNEIDER, BARBARA			2.2 NAME			
STREET ADDRESS	4200 WACKENHUT DR STE 100			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR + CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNEIP, ROBERT C			3.2 NAME	SAME		
STREET ADDRESS	4200 WACKENHUT DRIVE, #100			3.3 STREET ADDRESS	↓		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	Change <input type="checkbox"/> Addition		
NAME	ROWAN, JAMES P			4.2 NAME			
STREET ADDRESS	4200 WACKENHUT DRIVE, #100			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	change <input checked="" type="checkbox"/> Addition		
NAME	NUSBAUM, SANDRA L			5.2 NAME	ASST. TREASURER		
STREET ADDRESS	4200 WACKENHUT DRIVE, #100			5.3 STREET ADDRESS	IAN A. GREEN		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243			5.4 CITY-ST-ZIP	12764 NW 15TH STREET		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	change <input type="checkbox"/> Addition		
NAME				6.2 NAME	TREASURER		
STREET ADDRESS				6.3 STREET ADDRESS	TERRY P. MAYOTTE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	4600 SW 75TH TERRACE		
					MIAMI FL. 33143		

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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE REQUIRED: (GREEN) 2/4/99 561-622-5656

CR2E034 (1/198)