## 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** 

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90136 023 \*\*\*150.00

## DOCUMENT # P97000059701

1. Corporation PROGRE	SSIVE STAFFING, INC.								
Principal Place of Business Mailing Address						i (Balisan ion issur cance nar	11 88131 88111 89101 1	JII48 18111 18811	P8184 1191 1881
2469 ENTERPRISE RD., SUITE B CLEARWATER FL 33763 US 2469 ENTERPRISE RD., SUITE CLEARWATER FL 33763 US US			В			DO NOT I	WRITE IN THIS	SPACE	
						3. Date Incorporated or Quali 07/07/1997	fed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26				59-34559 <u>11</u>		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	d []	•	Additional equired
City & State		City & State				Election Campaign Finance     Trust Fund Contribution	ing		May Be to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the	current year Int	angible	
24	25 29 30								□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
			8	1 Name	h - 0	1 E Desig Foot			_
DRIS, MICHAEL E ESQ.				MILC	nae.	el E. Dris, Esq.			
802 N BELCHER RD				Street A	Addres O Tr	dress (P.O. Box Number is Not Acceptable) Enterprise Road; Suite B			
CLE	ARWATER FL 33765		8	3	<u> </u>	iiterprise koau; .	ипте в		
				Cle	arw	ater	FL	.     33	Code 3763
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aนนา	onzea o	y the corpo	corpor eration	ation submits this statement for 's board of directors. I hereby a	the purpose of accept the appoin	changing its ntment as re	; registered ;gistered
SIGNATURE	NI	· *	Mi	chael '	E	Dris, Esq.	3/1/9	<del>)</del> 9	
	Signature, typed or printed name of registered agen		gistered Aç	gent signature re	equired w	when reinstating) ;	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO	OFFICERS AN		☐ Addition
TITLE	DP DELETÉ 1.1		1.1 TITLE	1.1 TITLE				X Change	[_] Addition
NAME			1.2 NAME		٠,	B	1 0		
STREET ADDRESS			1.3 STRE			69 Enterprise Roa		∌ B	
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 CITY	CITY-ST-ZIP CLe		earwater, Florida	<u> 33763</u>		
TITLE	DS □ DELETE 2.1		2.1 TITLE	2.1 TITLE		•		Change	☐ Addition
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CITY-ST-ZIP	CLEARWATER FL 33765		2.4 CITY	-ST-ZIP		earwater, Florida		**	
TITLE			3.1 TITLE					☐ Change	☐ Addition
NAME		İ	3.2 NAM	E				•	
STREET ADDRESS		•	3.3 STRE	ET ADDRESS					
			3.4. CITY						
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NAME				1					i
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-	<del></del>			•	Change	Addition
TITLE			■ 5.1 IIILL						

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.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

3/1/99

Date

(727) 712-9121Daytime Phone #

☐ Addition