


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90124 046 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000059726**

1. Corporation Name  
**ALLSTAFF, INC.**

**Principal Place of Business**

9455 KOGER BLVD.  
 STE. #101  
 ST. PETERSBURG FL 33702  
 US

**Mailing Address**

P.O. BOX 3019  
 SARASOTA FL 34230  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 9455 KOGER BLVD
22 City & State	27 #101
23 Zip	28 ST. PETERSBURG FL
25 Country	29 33702
	30 USA

## 3. Date Incorporated or Qualified

07/08/1997

## 4. FEI Number

65-0764932

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75 Additional**  
**Fee Required**

## 6. Election Campaign Financing

☐

**\$5.00 May Be**  
**Added to Fees**

## 8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

## 9. Name and Address of Current Registered Agent

**BOLTICOFF, THOMAS D**  
**4615 DES SOL BLVD.**  
**SARASOTA FL 34243**

## 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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTICOFF, THOMAS D	1.2 NAME	BOLTICOFF, THOMAS D
STREET ADDRESS	4615 DES SOL BLVD.	1.3 STREET ADDRESS	9455 KOGER BL STE 101
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	2.2 NAME	TRAVELER, MELANIE
STREET ADDRESS		2.3 STREET ADDRESS	9455 KOGER BL STE 101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99

CR2E034 (1/1/98)