

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

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 9970000061761  
1. Corporation Name  
**STAFF MASTER TEMPORARY & PAYROLLING SERVICE INC.**

Principal Place of Business Mailing Address  
**1348 W. CENTRAL BLVD.**  
**ORLANDO, FL. 32805** ← NEW \*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>1348 W. CENTRAL BLVD</b>	26		<b>JULY 16TH, 1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>59-3456171</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>ORLANDO, FL.</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>32805</b>	<b>ORANGE</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>William C. MAREK</b> <b>2943 JEANETTE COVE</b> <b>ORLEDO, FL. 32765</b>				81 Name <b>William C. MAREK</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2943 JEANETTE COVE</b>			
				83			
				84 City <b>ORLEDO</b> FL 85 Zip Code <b>32765</b>			

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 William C. MAREK - owner W.C. Marek 5/9/98  
Signature (Type or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
				<b>P. PRESIDENT</b>	<b>William C. MAREK</b>	<b>2943 JEANETTE COVE</b>	<b>ORLEDO, FL 32765</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<b>Vice-PRESIDENT</b>	<b>LARRY PEAVY</b>	<b>498 N. ORANGE BLOSSOM TRAIL</b>	<b>UNIT 122, ORLANDO, FL 32805</b>	<b>V.P.</b>	<b>LARRY PEAVY</b>	<b>498 N. ORANGE BLOSSOM TRAIL</b>	<b>UNIT 122, ORLANDO, FL 32805</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
				<b>COMPTROLLER</b>	<b>KATHLEEN NEACE</b>	<b>1959 BISCAYNE DR</b>	<b>WINTER PARK, FL. 32789</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
				<b>S. SECRETARY</b>	<b>DEANA MAREK</b>	<b>2943 JEANETTE COVE</b>	<b>ORLEDO, FL. 32765</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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: William C. MAREK W.C. Marek 5/9/98 407  
Signature (Type or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)