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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000086022 (5)

SOUTHEAST STAFF SERVICES, INC.

		•				
Principal Place of Business M			Mailing Address			it obei in Melet Waren etasa tena tena
	6161 BLUE	LAGOON DRIVE	6161 BLUE LAGOON DI	RIVE		
	#420 Miami Fl 33126		#420		DO NOT WRITE IN THI	S SPACE
	MRAMI FL 3	3126	MIAMI FL 33126		3. Date Incorporated or Qualified	
					10/06/1997	
2.	Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			26		65-0812724	Not Applicable
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	Oit B Ot-		City & State			Fee Required
	City & State	e	h ¶		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip	Country	<b>28</b> Ζιρ	Country	8. This corporation owes or has paid the d	
24		25	29	30	Personal Property Tax due June 30.	Yes No
		9. Name and Address of Curre			10. Name and Address of New Registers	d Agent
	BUTLER, THOAMAS C					
	6161 BLUE LAGOON DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	#	420				
	MIAMI FL 33126			83		
				84 City		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 re-						
I affice or registered about 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, typoid or printed naise of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12	<u>.                                    </u>		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TIT	LE	D President	☐ DELETE	1.1 TITLE		Change Addition
NA.	ME	BUTLER, RAYMOND W III		1.2 NAME		
ST	REET ADDRESS	6161 BLUE LAGOON DR. 4	F420	1.3 STREET ADDRESS		
CIT	Y-ST-ZIP	MIAMI FL 33126		1.4 CITY - ST - ZIP		
TIT	LE	D Vice-Presiden	t 🔲 DELETE	2.1 TITLE		Change Addition
NA.	ME	BUCKLEY, THOMAS W		2.2 NAME		
1 .	REET ADDRESS	6161 BLUE LAGOON DR. 4	F42U	2 3 STREET ADDRESS		
-	Y-ST-ZIP	MIAMI FL 33126	+ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
1	LE	D Vice-Presiden BUTLER, RICHARD H	t Dutter	3.1 TILLE 3.2 NAME		El Avenão El Vocitori
	ME DEET ADDRESS	6161 BLUE LAGOON DR. 4	E420	3.2 NAME 3.3 STREET ADDRESS		
1 -	REET ADDRESS DY-ST-ZIP	MIAMI FL 33126	7760	3.4 CITY-ST-ZIP		
_	LE	D Secretary	DELETE	4.1 TITLE		Change Addition
	ME	BUTLER, THOMAS C	<del>_</del>	4. 2 NAME		į
	REET ADDRESS	6161 BLUE LAGOON DR.	¥420	4.3 STREET ADDRESS		
1	TY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP		
	LE	D Treasurer/CFO	DELETE	5.1 TITLE		Change Addition
NA	ME	DEETS, LAURENCE A		5.2 NAME		
ST	REET ADDRESS	6161 BLUE LAGOON DR. 4	F420	5.3 STREET ADDRESS		
CI	IY-ST-ZIP	MIAMI FL 33126		5.4 CITY - ST - ZIP		
111	LE	•	DELETE	6.1 TITLE		Change Addition

6.3 STREET ADDRESS

14. Thereby 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 from an attachment with an address.

**FILED** 

May 06 1998 8:00am

Secretary of State

Laurence A. Deets

SIGNATURE CRUMANA C. A.

NAME

STREET ADDRESS CITY-ST-ZIP CR2E034 (10/97