

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000090485 (8)

1. Corporation Name
STAFF OPTIONS, INC.



Principal Place of Business 8436 W. OAKLAND PARK BLVD. SUNRISE FL 33351	Mailing Address 8436 W. OAKLAND PARK BLVD. SUNRISE FL 33351
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9034 So State Rd #84 Suite, Apt. #, etc. 22 City & State 23 DAVIE, FLORIDA Zip Country 24 33323 25 BROWARD		2a. Mailing Address 26 9034 So State Rd #84 Suite, Apt. #, etc. 27 City & State 28 DAVIE, FLORIDA Zip Country 29 33323 30 BROWARD		3. Date Incorporated or Qualified 10/21/1997	
4. FEI Number 65-0793597		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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			
9. Name and Address of Current Registered Agent DIROCCO, RAYMOND M 8436 W. OAKLAND PARK BLVD. SUNRISE FL 33351				10. Name and Address of New Registered Agent 81 Name DiRocco Raymond M. 82 Street Address (P.O. Box Number is Not Acceptable) 9034 So. State Rd. #84 83 84 City DAVIE FL 85 Zip Code 33323	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DIROCCO, RAYMOND M	1.2 NAME	DiRocco Raymond M.
STREET ADDRESS	8810 N. UNIVERSITY DR. STE. 220	1.3 STREET ADDRESS	1141 N.W. 118TH Ave.
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	PLANTATION, FLA. 33323
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: Raymond M. DiRocco

4/29/98 954-452-4656

CP2E034 (10/97)