PROFIT
CORPORATION
ANNUAL REPORT
~~1998~~ 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90032 017 ***150.00

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1. Corporation Name
STAFF OPTIONS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1997

4. FEI Number: 65-0793597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9034 So State Rd #84	26 9034 So State Rd #84
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DAVIE, FLORIDA	28 City & State: DAVIE, FLORIDA
24 Zip: 33328 25 Country: BROWARD	29 Zip: 33323 30 Country: BROWARD

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIROCCO, RAYMOND M 6610 N. UNIVERSITY DR. STE. 220 TAMARAC FL 33321 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	O DiRocco Raymond M. 1141 N.W. 118TH Ave. Plantation, Fla. 33323 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

D Patricia DeRocco 5/11/99 954-475-8264