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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000090490 (8)

ABC STAFF OPTIONS, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place	e of Business .AND PARK BLVD.	Mailing Address 8436 W. OAKLAND PAI	RK BLVD.		
SUNFISE FL 3		SUNRISE FL 33351		DO NO	OT WRITE IN THIS SPACE
	_			 Date Incorporated or C 10/21/1997 	ualified
2. Principal Pl 21 903	4 So. State Rd	2a. Mailing Address 84 26 9034 Sc	State Rd'	4 4 65-0193	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	sired S8.75 Addition. Fee Required
City & State 23 DA U	 12	City & State 28 DAVIS		 Election Campaign Finance Trust Fund Contribution 	
24 Flory	Country PA 25 BROWALD	29 FloMAA	Country 30 Browar	Personal Property Tax	
	g, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of	New Registered Agent
	OCCO, PATRICIA		81 Name (Roseo Fala	ICIA
	6 W. Oakland Park Blvd. N ris e fl 33351		82 Street	Address (P.O. Box Number is Not	Acooptycles 84
301	AUNOE LE 00001		83	O CO GIAIC	- Na
			04 03-		las Zin Codo
			84 JDA	018	FL 5332
office or re	to the provisions of Sections 607 05 ogistered agent or both, in the Starm familiar with, and accept the obt-	te of Florida. Such ch ance wa	s authorized by the cord	corporation submits this statemen location's board of directors. I here	t for the purpose of changing its regist- by accept the appointment as register
SIGNATURE	Signature, typed or printed name of registered a	gent and title diappicable (N	OTE: Registered Agent signature	required when reinstaling)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Do Patais	Change Ad
NAME	DIROCCO, PATRICIA	TF 444	1.2 NAME	DiRocco, Patric 9034 So. State DAVIE, Flory	ed #84
STREET ADDRESS	6610 N. UNIVERSITY DR. S	SIE. 220	1.3 STREET ADDRESS	9034 50.07410	0
CITY-ST-ZIP	TAMARAC FL 33321	DELETE	1.4 CITY - ST - ZIP	174VIE, 110M	<i>DA</i> . 33329 ☐ Change ☐ Ad
TITLE		☐ DELETE	2.1 NTLE		Change Ad
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2 4 City-St-ZiP 3 1 Title		Change Ad
TITLE			32 NAME		E oningo E vio
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3 4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Ad
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Ad
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Ac
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1 !					
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Statutes. I further certify that the information of feet as if made under oath; that I am