


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90032 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000090490 (8) <i>✓</i>			
1. Corporation Name ABC 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	
2. Principal Place of Business 21 9034 So. State Rd #84 Suite, Apt. #, etc.		2a. Mailing Address 26 9034 So. State Rd #84 Suite, Apt. #, etc.	
22 City & State 23 DAVIS Zip 24 FLORIDA		27 City & State 28 DAVIS Zip 29 FLORIDA Country 30 BROWARD	
9. Name and Address of Current Registered Agent DIROCCO, PATRICIA 8436 W. OAKLAND PARK BLVD. SUNRISE FL 33351			
10. Name and Address of New Registered Agent 81 Name - DiRocco Patricia 82 Street Address (P.O. Box Number is Not Acceptable) 9034 So. State Rd #84 83 84 DAVIS FL 85 Zip Code 33324			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DIROCCO, PATRICIA		
STREET ADDRESS	8810 N. UNIVERSITY DR. STE. 220		
CITY-ST-ZIP	TAMARAC FL 33321		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	DiRocco, Patricia		
1.3 STREET ADDRESS	9034 So. State Rd #84		
1.4 CITY-ST-ZIP	DAVIS, FLORIDA 33324		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia DiRocco</i> Patricia DiRocco <i>5/17/99</i> 954-473-8264			