


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90146 031 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000108791

1. Corporation Name
MASS STAFF, INC.

Principal Place of Business
1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

Mailing Address
1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

65-0802111

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

LEFCORT, ROBERT
1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

TITLE ☐ DELETE

NAME **PD**
BURRELL, PAUL
STREET ADDRESS **1144 E NEWPORT CENTER DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ DELETE

NAME **VPSD**
LEFCORT, ROBERT
STREET ADDRESS **1144 E NEWPORT CENTER DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ DELETE

NAME **TD**
TOMLINSON, ROBERT
STREET ADDRESS **1144 E NEWPORT CENTER DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **VP & SECRETARY**

2.3 STREET ADDRESS **BRIAN M. NUGENT**

2.4 CITY-ST-ZIP **1144 EAST NEWPORT CENTER DRIVE**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **DEERFIELD BEACH, FLORIDA 33442**

3.3 STREET ADDRESS **TREASURER**

3.4 CITY-ST-ZIP **SCOTT R. FRANCIS**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **1144 EAST NEWPORT CENTER DRIVE**

4.3 STREET ADDRESS **DEERFIELD BEACH, FLORIDA 33442**

4.4 CITY-ST-ZIP **Robert A. Lefcort**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **Director**

5.3 STREET ADDRESS **Same as above**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-28-99

418-6200-6954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0348020