

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000019336

1. Corporation Name
W R I STAFFING, INC.

Principal Place of Business
4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

Mailing Address
4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90100 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1998	
4. FEI Number 65-0844008	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

ROWAN, JAMES P
%4200 WACKENHUT DRIVE #100
PALM BEACH GARDENS FL 33410-4243

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKENHUT, GEORGE R	1.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKENHUT, RICHARD R	2.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNEIP, RICHARD C	3.2 NAME	CEO
STREET ADDRESS	4200 WACKENHUT DRIVE #100	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYOTTE, TERRANCE P	4.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUSBAUM, SANDRA L	5.2 NAME	ASST. TREASURER
STREET ADDRESS	4200 WACKENHUT DRIVE #100	5.3 STREET ADDRESS	IAN A. GREEN
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	5.4 CITY-ST-ZIP	4200 WACKENHUT DRIVE #100
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	PALM BEACH GARDENS FL 33410
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)