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 # P98000028704

1. Corporation Name

IMPACT PERMANENT AND TEMPORARY SERVICES, INC.

Principal Place of Business

Mailing Address

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

05-10-1999 90083 049 ***150.00



ONE INDEPENDENCE WAY PRINCETON NJ 08540 ONE INDEPENDENCE WAY PRINCETON NJ 08540							DO NOT WRI	E IN THIS	SPACE	Ē		
						•	3. Date Incorporated or Qualifed 03/27/1998					
2. Principal Place of Business 2a. Malling Address							4. FEI Number			Applied For		
21 ROYAL CAKE PLAZA 26							52-2090135			Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.	75 A	dditional	
22 15506 N.W. 77 COON 27							5. Certifcate of Status Desired		F€	e Rec	uired	
City & State City & State							6. Election Campaign Financing		.\$5	.00.k	May Be	
23 M, AMI LAKET VL 28							Trust Fund Contribution			lded to		
Zip Country Zip Cou					,		8. This corporation owes the curre	ent vear Inta	ngible			
	33616 25 MIAMI 29 30					Personal Property Tax. ☐ Yes ☐ No						
24 2501	9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered A	gent		,	
				81	Nan	ne						
C T CORPORATION SYSTEM					Stre	et Addre	ress (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324												
FLANIATION FE 33324												
				84	City			FL	85	Zip C	ebc	
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.										egistered istered		
SIGNATURE												
	Signature, typed or printed name of regis	tered agent and title if applicable (N	13.	Agen	nt signatu	ne required	ADDITIONS/CHANGES TO OF		n DIRE	CTO	2S IN 12	
12.		ERS AND DIRECTORS		T. F			ADDITIONS/CHANGES TO OF	TIOLING AIN	Ch		Addition	
				1.1 TITLE 1.2 NAME					□ •			
NAME GUY JAMES				1.2 NAME 1.3 STREET ADDRESS							į	
NAME GUY JAMES STREET ADDRESS ONE INDEPENDENCE WAY CITY-ST-ZIP PRINCETON, NJ 08540						SS						
CITY-ST-ZIP	PRINCETON, N	J 08540			T-ZIP				□ Ch		Addition	
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TITLE		☐ DELETE							☐ Ch	ange	☐ Addition \	
NAME			6.2 N									
STREET ADDRESS				3.3 STREET ADDRESS								
OFF OF 310			6.4 C	ITY-S	T-ZIP						1	

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 of the receiver of 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 prior an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR