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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000039603**

1. Corporation Name
EPI STAFFING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1499 W. PALMETTO PARK ROAD STE. 220 BOCA RATON FL 33486	1499 W. PALMETTO PARK ROAD STE. 220 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1998

4. FEI Number: 65-0832207 ☐ 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) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

KRALL, MARK L
616 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: Anne Pinhas
82 Street Address (P.O. Box Number is Not Acceptable): 1499 W Palmetto Park Rd
83: Ste 220
84 City: Boca Raton FL 85 Zip Code: 33486

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: Anne Pinhas, Pres. DATE: 4/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Anne Pinhas		1.2 NAME		
STREET ADDRESS	3325 NW 53 Circle		1.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton FL 33496		1.4 CITY-ST-ZIP		
TITLE	Secy-Treas.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Rhoda Warren		2.2 NAME		
STREET ADDRESS	3325 NW 53 Circle		2.3 STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33496		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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: Anne Pinhas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)