

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90219 028 ***150.00

DOCUMENT # P98000071195

1. Corporation Name
MORGAN STAFFING & RESEARCH GROUP, INC.

Principal Place of Business
18520 NW 67TH AVE., STE. 278
MIAMI FL 33015

Mailing Address
18520 NW 67TH AVE., STE. 278
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

65-0856865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7850 NW 146TH ST.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 504

Suite, Apt. #, etc.

27

City & State

23 MIAMI LAKES, FL

City & State

28

Zip

24 33016

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BAILEY, NIKKIJEAN W
18520 NW 67TH AVE., STE. 278
MIAMI FL 33015

← SAME →

10. Name and Address of New Registered Agent

81 Name BAILEY, NIKKIJEAN W
82 Street Address (P.O. Box Number is Not Acceptable)
18330 MEDITERRANEAN BLVD.
83 # 2307
84 City MIAMI, FL 85 Zip Code 33015

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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 PRESIDENT (P) ☐ Change ☒ Addition
1.2 NAME ROBERT E. WINGER, SR.
1.3 STREET ADDRESS 18330 MEDITERRANEAN BLVD. # 2307
1.4 CITY-ST-ZIP MIAMI, FL 33015-5730

2.1 TITLE VP/TREASURER (V, T) ☐ Change ☒ Addition
2.2 NAME NIKKIJEAN W. BAILEY
2.3 STREET ADDRESS 18330 MEDITERRANEAN BLVD #2307
2.4 CITY-ST-ZIP MIAMI, FL 33015-5730

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

305-557-2644

Date

Daytime Phone #

CR2E034 (11/98)

0132001