03161999-90011-019-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000082845

1. Corporation Name
STAFF OUTSOURCE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1800 2ND ST. SUITE 909 SARASOTA FL 34236	1800 2ND ST. SUITE 909 SARASOTA FL 34236

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 09/24/1998	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0827445	Applied For ☐ Not Applicable ☐
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 County 25	Zip 29 County 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		7. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFE, RANDOLPH J 201 N FRANKLIN ST. SUITE 2100 TAMPA FL 33602	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, G WAYNE		1.2 NAME	
STREET ADDRESS	1800 2ND ST, SUITE 909		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LANZA, KELLY		2.2 NAME	
STREET ADDRESS	1800 2ND ST, SUITE 909		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARKAVY, JONATHAN		3.2 NAME	
STREET ADDRESS	1501 WILSON BLVD, SUITE 1110		3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22209		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, MICHAEL T		4.2 NAME	
STREET ADDRESS	45 STATE ST. UNIT 39S		4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTPELIER VT 05601		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	B 4/5/99 99AR

CR2E034 (11/98)

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: Kelly K Lanza Kelly K Lanza 2/12/99 941-955-0793
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

x 384