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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

•	IERN STAFFING, INC.	U (1)			
Principal Place	e of Business	Mailing Address			<u> </u>
303 8 WESTLAND AVE TAMPA FL 33606 US		303 S WESTLAND AVE TAMPA FL 33606 US		DO NOT WRITE IN THIS SPACE	
US		U3		3. Date Incorporated or Qualified	
				11/16/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3039598	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		• Floring Countries Financing	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
EBI	ERLE, SUEANN		81 Namo		
303 S. WESTLAND AVENUE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606					
			83		
			84 Cily		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			- the shows named a		2. p code
office or ragent I a	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorized by the corpo orida Statules.	oration's board of directors. I hereby accept the	appointment as registered
SIGNATORE	Signature, typed or printed name of registered age		E: Registered Agent signature re	quired whon roinstating) DATI	ſ
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P ALEXANDER	DELETE	1.1 TITLE		Change Addition
NAME	EBERLE, SUEANN HALL	r-	1.2 NAME		
STREET ADDRESS	9103 WOODRIDGE RUN DRIV	/E	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33647	DELETE	1.4 C(TY-S1-ZIP 2.1 T(TLE	<u></u>	Change Addition
NAME	EBERLE, CHARLES D III		2.2 NAME		Vilarige Roomon
STREET ADDRESS	9103 WOODRIDGE RUN DRIV	/E	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647	, L	2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	HALL, CHARLES L		3.2 NAME		
STREET ADDRESS	27403 W CUBA ROAD		3 3 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL		3 4. CITY - ST - 21P		
TITLE	D	DELETE	4.1 THUE		Change Addition
NAME	HALL, CAROL F		4.2 NAME		,
STREET ADDRESS	27403 W CUBA ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BARRINGTON FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		C) Meet	5.2 NAME		C CHOOSE C MANGEN
STREET ADDRESS			5.2 NAME 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		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, on an attachment with an address.