
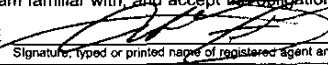


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # S22172 1. Corporation Name STAFFLINK OUTSOURCING III, INC.																																																																																																															
Principal Place of Business 2607 NORTHEAST 189TH STREET NORTH MIAMI BEACH FL 33180 US		Mailing Address 2607 NORTHEAST 189TH STREET NORTH MIAMI BEACH FL 33180 US																																																																																																													
2. Principal Place of Business 21 11098 Biscayne Blvd Suite, Apt. #, etc. 22 Suite 203 City & State 23 North Miami FL Zip 24 33161 Country 25 USA		2a. Mailing Address 26 11098 Biscayne Blvd Suite, Apt. #, etc. 27 Suite 203 City & State 28 North Miami FL Zip 29 33161 Country 30 USA																																																																																																													
9. Name and Address of Current Registered Agent FINKELSTEIN, ABRAM 2607 NORTHEAST 189 STREET NORTH MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11098 Biscayne Blvd 83 Suite 203 84 City North Miami FL 85 Zip Code 33161																																																																																																													
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  President Abram Finkelstein 4/26/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PTS</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>FINKELSTEIN, ABRAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2607 NORTHEAST 189 STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NORTH MIAMI BEACH FL 33180</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	PTS	<input type="checkbox"/> DELETE	NAME	FINKELSTEIN, ABRAM		STREET ADDRESS	2607 NORTHEAST 189 STREET		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td>11098 Biscayne Blvd, Ste 203</td></tr><tr><td>1.4 CITY-ST-ZIP</td><td>North Miami FL 33161</td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS	11098 Biscayne Blvd, Ste 203	1.4 CITY-ST-ZIP	North Miami FL 33161	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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

Abram Finkelstein

4/27/99
Date

305 899 9331
Daytime Phone #

CR2E034 (11/98)