

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **S48250**

1. Corporation Name

**CREATIVE STAFFING STRATEGIES, INC.**

Principal Place of Business

21374 BRIDGE VIEW DR  
BOCA RATON FL 33428  
US

Mailing Address

21374 BRIDGE VIEW DR  
BOCA RATON FL 33428  
US

2. Principal Place of Business

21 **6590 VIA TRENTO**

Suite, Apt. #, etc.

22 City & State

23 **DELRAY BEACH**

Zip

24 **33446**

Country

25

2a. Mailing Address

26 **6590 VIA TRENTO**

Suite, Apt. #, etc.

27 City & State

28 **DELRAY BEACH**

Zip

29 **33446**

Country

30 **PALM BEACH**

9. Name and Address of Current Registered Agent

**HOFFMAN, MORT**  
21374 BRIDGEVIEW DRIVE  
BOCA RATON FL 33428

3. Date Incorporated or Qualified

**04/25/1991**

4. FEI Number

**65-0261581**

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. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**6590 VIA TRENTO**

83

84 City **DELRAY**

**FL**

85 Zip Code  
**33446**

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 **PD** ☐ DELETE

NAME **HOFFMAN, MAURICE**  
STREET ADDRESS **21374 BRIDGEVIEW DR**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **GOTTLIEB, IRA N.**  
STREET ADDRESS **305 MADISON AVE #2033**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **PRUFETA, JOHN R.**  
STREET ADDRESS **305 MADISON AVE #2033**  
CITY-ST-ZIP **NEW YORK NY**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE REQUIRED**

9-10-99

212-697-7207

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90007 015 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)