

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55613 (1)

1. Corporation Name

LABOR POWER OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

115 NW 5TH ST
FT LAUDERDALE FL 33301

P O BOX 1196
FT LAUDERDALE FL 33302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/23/1991

3a. Date of Last Report
06/21/1994

4. FEI Number
65-0276347

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 has liability for attempting to file under § 100.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAUER, TOBY
1151 NW 5TH ST
FT LAUDERDALE FL 33301

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

Signature of Agent or Officer or Director or Registered Agent

Signature of Registered Agent or Officer or Director or Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PV
SCHAUER, TOBY
115 NW 5TH ST
FT LAUDERDALE FL

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ST
LANDES, GAE
115 NW 5TH ST
FT LAUDERDALE FL

20 TITLE
21 NAME
22 STREET ADDRESS
23 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

40 TITLE
41 NAME
42 STREET ADDRESS
43 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

50 TITLE
51 NAME
52 STREET ADDRESS
53 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

60 TITLE
61 NAME
62 STREET ADDRESS
63 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Sections 190.07(2)(b), Florida Statutes. I further certify that the information contained 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

4/17/95

3057640565