

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

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S90531 (2)  
1. Corporation Name  
UNIVERSAL STAFF LEASING, INC.

Principal Place of Business  
8601 4TH STREET NORTH  
#201  
ST. PETERSBURG FL 33702  
US

Mailing Address  
9600 KOGER BLVD., SUITE 105  
ST. PETERSBURG FL 33702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 2851 HIGH MEADOW CIRCLE		10/24/1991	
22 City & State		27 100		4. FEI Number	
23 Zip		28 AUBURN HILLS, MI		59-3089256	
24 Country		29 48326		5. Certificate of Status Desired	
		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PYLE, TERRENCE F. 6544 US HWY 41 STE 104-B APOLLO BEACH FL 33572-3126		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	ATTKISSON, JAMES P.	1.2 NAME	THOMAS C. MEADE
STREET ADDRESS	9600 KOGER BLVD/ST 105	1.3 STREET ADDRESS	2851 HIGH MEADOW CR., SUITE 100
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	STD	2.1 TITLE	SECRETARY/TREASURER
NAME	GRAVES, MARY E.	2.2 NAME	DAVID O. CAELISIM
STREET ADDRESS	9600 KOGER BLVD/STE 105	2.3 STREET ADDRESS	2851 HIGH MEADOW CR., SUITE 100
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE	PD	3.1 TITLE	DIRECTOR
NAME	ALLOCCO, LOUIS M.	3.2 NAME	BRIAN W. LAMAKA
STREET ADDRESS	8601 4TH ST N., STE 201	3.3 STREET ADDRESS	2851 HIGH MEADOW CR., SUITE 100
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	AUBURN HILLS, MI 48326
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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  THOMAS C. MEADE 1-30-98 (248) 373-5858

CR2E034 (10/97)