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June 22, 1998

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CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Trademark Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

"ASAP" - Service Mark Registration

"ASAP" and design - Service Mark Registration

Dear Sir or Madam:

(35)

000002572950--0 -06/26/98--01010--001 *****87.50 *****87.50

On behalf of our client, Associate Staffing and Placement, Inc., we are hereby requesting a determination of registrability of the above-referenced marks based on the Applicant's use of the marks in Florida. In connection therewith, enclosed please find the following:

- 1. An original and a copy of the Service Mark Application for "ASAP" which has been executed by an appropriate representative of the Applicant;
- 2. An original and a copy of the Service Mark Application for "ASAP" and design which has been executed by an appropriate representative of the Applicant;
- 3. Six specimens of the mark; and
- 4. Checks payable to the Florida Department of State in the aggregate amount of \$175.00, representing the filing fee of \$87.50 per application.

Please date stamp the copies of the applications and return them to me, along with the certificates of registration, in the enclosed self-addressed, stamped envelope.

Our client is most anxious to obtain approval; therefore, if you have any questions at all concerning the enclosed, please do not hesitate to contact our office. You may speak with either me or Darlene Riley, our corporate paralegal.

Sincerely.

W. Peacock, Jr.

Availability

Document

Examiner

Updater

Name

NIC NIC

Updater Verifyer

NJC

NJC

Acknowledgement NJC

W. P. Verifyer

F/VISERS/GAG/CLIENTS/ASSOCIÁT/MÁRK-FL.WPD

cc: Ms. Carol Ann Degano (w/o enc.)

RWP:ldr

Enclosures

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PHIRSHANT TO CHAPTER 495 FLORIDA STATISTES

	ER 493, FLORIDA STATUTES		
TO: Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	Name & address to whom acknowledgement should be sent:		
	George A. 'Golder, Esq.		
	P.O. Box 3000		
•	Orlando, FL 32802		
	(407) 425-7010		
	Daytime Telephone number PART I		
1. (a) Applicant's name: ASSOCIATE STAFFIN			
(b) Applicant's business address: 5950 Haz			
Orlando,	FL 32822		
	City/State/Zip		
(c) Applicant's telephone number: (407)	816-0606		
Individual Corporation	Joint Venture Other:		
General Partnership If other than an individual,	Union /		
(1) Florida registration number: P9800002	28099 (2) Domicile State: Florida		
(3) Federal Employer Identification Number: 59-	(=) = 0.1.201.0 Otato;		
	ne services in connection with which the mark is used:		
(i.e., furniture moving services, diaper services,	house painting services, etc.)		
employment services			
(b) If the mark to be registered is a trademark, the g (i.e., ladies sportswear, cat food, barbecue grills	goods in connection with which the mark is used: s, shoe laces, etc.)		
	,		
(c) The mode or manner in which the mark is used:(i.e	e., labels, decals, newspaper advertisements, brochures, etc.)		
The mark is used on business car	rds and in newspaper advertisements.		
labels and brochures			
·			
(Co	ontinued)		

CR2E014(3/95)

(d) The class(e) in which goo				-	**· -	
<u> Class 35 - Busi</u>	ness					
Date first used by the appli Date first used anywhere:	June 1, 1	998 (b) : PART III	Date first used in F	اorida: <u>سال</u>	nel, 1998	_
The mark to be registered in must be 25 words or less.) (11 logo/design is	meidded, pieas	e give offer written	description w		
ASAP	<u> </u>					
				<u>.</u>		
2. DISCLAIMER (if applical NO CLAIM IS MADE TO T	ole) HE EXCLUSIVE F	RIGHT TO USI			DIV AC CHOM	-
authorized to sign on behalf of the ow in Florida either in the identical for this affidavit and verification on m thereof and that the facts stated her	y/the applicant's behalf rein are true and correc	in, and no other pe mblance as to be l f. I further acknow t.	ny that I am the owner son except a related co kely to deceive or conf ledge that I have read	and the applicant company has the ri	ken therefor. I mand know the conten	ım rk ke
ASS	OCIATE STAFFI	NG AND PLAC or printed name of	EMENT, INC.		Φ.	
ву:	Cárol Ann De	gano Pres	dent	FIAR ASS	T	
STATE OF FLO COUNTY OF Brei	Applicant's signa	ature or authorized (List name and titl	person's signature	OF STATE	ED 3: 29	
On this day of	Jure	, 19 <u>98</u>	Carol Ann D	egano	personal	lly
	is personally known se identity I proved			· .		
My Com HOTARY Bonded No.	S. HELFGOTT nm Exp. 05/26/2001 By Service Ins CC650380 nally Known [] Other I.D.	<i>D</i>	Notary Public Sig	F90++	efilt	-
Seal		My Commission	on Expires: <u>05/</u>	26/2001	_	

FEE: \$87.50 per class

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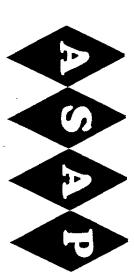
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