

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V02732

1. Corporation Name

PROFESSIONAL STAFFING - A.B.T.S., INC.

Principal Place of Business

**30750 US HWY 19 N
PALM HARBOR FL 34684
US**

Mailing Address

**P.O. BOX 4699
CLEARWATER FL 33758**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1991

4. FEI Number

59-3097811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

**D&B CORPORATE SERVICES INC
5999 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name

D & B Corporate Services Inc.

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

30750 US Hwy 19 N

83

84 City

Palm Harbor

FL

85 Zip Code

34684

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

4/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P MONGELLUZZI, FRANK**
STREET ADDRESS **30750 US HWY 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE

NAME **ST MONGELLUZZI, ANNE**
STREET ADDRESS **30750 US HWY 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/99

(727) 771-1111

CR2E034 (1/98)