FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V05238 (3)

1. Corporation Name
SOUTHERN HOSPITALITY STAFFING, INC.

Principal Place of Business
8930 STATE RD 84
STE 187
DAVIE FL 33324
US

Mailing Address
8930 STATE ROAD 84
187
DAVIE FL 33324
US

3. Date Incorporated or Qualified: 01/07/1992
3a. Date of Last Report: 04/21/1995
4. FEI Number: 65-0304480 [ ] 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 intangible tax under s. 199.092, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 13730 State Road 84
Suite, Apt #, etc.
22 Suite 308
City & State
23 DAVIE, FL
Zip
24 33325
Country
25 ~~Broward~~ USA.

2a. Mailing Address
26 13730 State Road 84
Suite, Apt #, etc.
27 Suite 308
City & State
28 DAVIE FL
Zip
29 33325
Country
30 USA

9. Name and Address of Current Registered Agent

STEPHEN F. FINNEGAN
FINNEGAN & ASSOCIATES, INC.
3700 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33068

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSD	[ ] DELETE
NAME	GOLDBERG, GARY C.	
STREET ADDRESS	14500 FAIRFAX PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	STD	[ ] DELETE
NAME	KINGBERG, ROY A.	
STREET ADDRESS	5240 NW 55 BLVD / STE 3-306	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do 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 report or supplemental 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] Roy A. Kindberg 4/10/95 (954) 345-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)