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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
13730 STATE ROAD 84  
SUITE 308  
DAVIE FL 33325  
US

Mailing Address  
13730 STATE ROAD 84  
SUITE 308  
DAVIE FL 33325-5306  
US

3. Date Incorporated or Qualified 01/07/1992  
3a. Date of Last Report 04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0304480	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

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 Roy A. Kindberg  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 3455 Pinewalk Drive North  
84 City Mangate FL 85 Zip Code 33063

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]* Roy A. Kindberg 4/22/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, GARY C.	1.2 NAME	
STREET ADDRESS	14500 FAIRFAX PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGBERG, ROY A.	2.2 NAME	S/T/D
STREET ADDRESS	5240 NW 55 BLVD / STE 3-308	2.3 STREET ADDRESS	Kindberg, Roy A.
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	3455 Pinewalk Dr. North Mangate, FL 33063 (new address)
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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: *[Signature]* Roy A. Kindberg 4/22/97 (954) 345-9711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)