## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 22 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) SOUTHERN HOSPITALITY STAFFING, INC. Mailing Address Principal Place of Business 13730 STATE ROAD 84 13730 STATE ROAD 84 SUITE 308 SUITE 308 DO NOT WRITE IN THIS SPACE DAVIE FL 33325 DAVIE FL 33325 3. Date Incorporated or Qualified 01/07/1992 2. Principal Place of Business 2a. Mailing Address Applied For Sample Rd. Sample Rd 26 7667 65-0304480 Not Applicable 7667 \$8.75 Additional 5. Certificate of Status Desired Sulte Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Country Const Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Brown USA Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KINDBERG, ROY A 3455 PINEWALK DRIVE NORTH Street Ad 82 3700 COCONUT CREEK PARKWAY 83 MARGATE FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PSD PSD DELETE 1 1 TITLE TITLE Gary C Goldbern GOLDBERG, GARY C. NAME 1.2 NAME 4500 Fairfax Place **3455 PINEWALK DR NORTH** 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE STD 2.1 TITLE TITLE KINGBERG, ROY A. Roy A. Kindberg 3161 Holipay Spr 2.2 NAME 5240 NW 55 BLVD / STE 3-306 ings Blud. 2.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

Block 12 or Block 13 if changed, or on an attachment with an address.

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 C(1Y - ST - Z(P