

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

**FILED**

**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V31113 (6)**  
 1. Corporation Name  
**STAFF INSURANCE SYSTEMS, INC.**



Principal Place of Business <b>4010 W. STATE SUITE 812 TAMPA FL 33609 US</b>	Mailing Address <b>4010 W. STATE TAMPA FL 33609-1264 US</b>
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3. Date Incorporated or Qualified <b>04/24/1992</b>	3a. Date of Last Report <b>04/02/1996</b>
4. FEI Number <b>59-3119111</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. <b>ONE ADP BLVD.</b> 27. <b>MS 433</b> 28. <b>ROSELAND, NJ</b> 29. <b>07068</b> 30. Country
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9. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR W.  
415 SOUTH HYDE PARK  
SUITE 1745  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>VOLPI, DAVID</b>	
STREET ADDRESS	<b>3911 SWANN</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>HARPER, WILLIAM</b>	
STREET ADDRESS	<b>801 VALMAR ST</b>	
CITY - ST - ZIP	<b>BRANDON FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>HOLT, WILLIAM</b>	
STREET ADDRESS	<b>5820 DORY WAY</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>AUST, DENNIS</b>	
STREET ADDRESS	<b>3003 SAMARA</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JAMES B. BENSON</b>	
1.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>	
1.4 CITY - ST - ZIP	<b>ROSELAND, NJ 07068</b>	
2.1 TITLE	<b>VCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RICHARD J. HAVILAND</b>	
2.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>	
2.4 CITY - ST - ZIP	<b>ROSELAND, NJ 07068</b>	
3.1 TITLE	<b>ASD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ROBERT J. SINGER</b>	
3.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>	
3.4 CITY - ST - ZIP	<b>ROSELAND, NJ 07068</b>	
4.1 TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>JOSEPH B. PIRRET</b>	
4.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>	
4.4 CITY - ST - ZIP	<b>ROSELAND, NJ 07068</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  **JAMES B. BENSON** 4/28/97 801-994-5525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)