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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 04 1997 8:00am Secretary of State

DOCUMENT # V47778 1. Corporation Name FIRST IN TEMPORARIES, INC. Principal Place of Business 14310 M DALE MABRY #380 Mailing Address P.O. 80X 274024 TAMPA FL 33688-4024								
TAMPA FL 33 US	9613	US			3. Date Incorporated or Qualified 07/06/1992		te of Last Re	eport
2. Principal	Place of Business N. Dale Mabe	2a. Mailing Address			4. FEI Number 59-3132769	1	Ap	plied For t Applicable
Suite, Ap	of #, etc	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A	Additional
City & St	alo	City & State	· · · · · · · · · · · · · · · · · · ·	····	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zio	Country 25	Zip	Country 30		8. This corporation has liability for in		tax under s.	
بالدريات	9. Name and Address of Curr		1301		10. Name and Address of New Rec			
НΔ	RTMAN, FRANK		81	Name			· 	
14310 N DALE MABRY HWY #380			62	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		<u></u>
TA	MPA FL 33618		83	City			85 Zip () and a
			64	City		FL	85 Zip C	Loue
SIGNATURE 12.	Signature, type dial printed name of registered a	ND DIRECTORS	13.	ent signature requir	ed when reinstelling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	S IN 12
NAME	} •	I I DELETE	1 1 TITLE				Change	
STREET ADDRESS		☐ DÉLETE	1.1 TITLE 1.2 NAME 1.3 STREET	- 1			Change	Addition
DITY ST-7-2		☐ DELETE	1.2 NAME 1.3 STREET 1.4 CHY-S 21 TITLE	- 1			Change Change	
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reo nereby certaly that the information supplies with this thing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR