

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V56906** (3)

1. Corporation Name

STAFF ASSOCIATES, INC.



Principal Place of Business

**TANGERINE BAY CLUB #228
350 A GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

Mailing Address

**TANGERINE BAY CLUB #228
350 A GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**STAFF, PAUL E.
TANGERINE BAY CLUB #228
350 A GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

3. Date Incorporated or Qualified

08/07/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0353061

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 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**STAFF, PAUL E
350 A GULF OF MEX DRIVES
LONGBOAT KE**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

**STAFF, VICTORIA
350 A GULF OF MEX DR.VE
LONGBOAT KEY FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL E. STAFF 4/24/96 941-955-7992

Date

Daytime Phone

CR2E034 (12/95)