PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

PARALIGN STAFFING TECHNOLOGIES, INC.

DOCUMENT # F98000002514 1. Corporation Name

Inncipal Place of Business Mailing Address								
BSO E. CAMELBACK RD. #100E HOENIX AZ 85018		4350 E. CAMELBACK RD #100E PHOENIX AZ 85018		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
Principal Place of Business 2a. Mailing Address			1:	1	4. FEI Number		<u> </u>	plied For
452 - 26		26 OLG W. / IN	26 1016 W. Minus live		00_000000		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Def	1	5. Certifcate of Status Desired		\$8.75 A	1
City & State	3	City & State	ussi	aA	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Žip T	Country 25	29 19406 30	Country		This corporation owes the cur Personal Property Tax.	ent year Int	angible Yes	□No
t	9. Name and Address of Curren		į		10. Name and Address of New	Registered .	Agent	
	s. laging and Addison Const.		81	Name				
	CORPORATION SYSTEM		82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
	South Pine Island Road Itation FL 33324		83			<u> </u>		
•			84	City		<u> </u>	85 Zip (Code
				'		FL	<u> </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was author	nzea by	the corporation	on's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agen	NOTE Regr	sternd Ager	nt signature required	(when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
mue [OP		1.1 TITLE		-	Ţ	Change	☐ Addition
AME	HULBER, LOREN J	1	12 NAME					
TREET ADDRESS	2621 VANBUREN AVE.	ł	13 STREE	TADDRESS				
ITY-ST-ZIP	NORRISTOWN PA 19403		14 CITY-S	T-ZIP				
TILE	DV	☐ DELETE	2.1 TITLE	\			Change	Addition
IAME	KERR, AVEN A		22 NAME					
TREET ADDRESS	2621 VANBUREN AVE		13 STREE	TADDRESS				
XTY-ST-ZIP	NORRISTOWN PA 19403		2.4 CITY-9	ST-ZIP				
ITLE	DTV	☐ DELETE	3 I TITLE				Change	☐ Addition
IAME	SCHUBERT, THOMAS D		32 NAME					į
TREET ADDRESS.	2621 VANBUREN AVE.		33 STREE	TADDRESS				
CITY-ST-ZIP	NORRISTOWN PA 19403		34 CITY-S			1	Change	Addition
ITLE	VSV	DELETE	11 TITLE	₩.	nstein, Richae Divanteur	d	Clange	X
IAME	MARTINO, MARIE L	i	J 2 NAME	177	Dillow Harrow	110		
TREET ADDRESS	2621 VANBUREN AVE.	1		TADORESS CXC	Secretary Delivery	19140	?	
CITY-ST-ZIP	NORRISTOWN PA 19403		44 CiTY - 9	T-ZIP	Parristown PA	1-14 <u>C</u>	Change	Addition
TITLE	V	DELETE	51 TITLE			j	- Cubigo	
IAME	BYRD, BERNARD C		\$2 NAME	T ADDRESS		1		
STREET ADDRESS			-					
CITY-ST-ZIP	NORRISTOWN PA 19403	☐ DÉLETE	54 CITY-S 51 TITLE) t · ZiF			Change	Addition
TITLE	V	רו הברבוב	6 2 NAME			•		
IANE	HARRIS, CHRISTINA D	1	O E SWINIC	ļ		1		

NORRISTOWN PA 19403 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 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 a maddress, with all other like empowered.

3 STREET ADDRESS

SIGNATURE:

2621 VANBUREN AVE.

NAME

STREET ADDRESS