


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90227 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G11491
 1. Corporation Name
INITIAL STAFFING SERVICES, INC.

Principal Place of Business 9703 RICHMOND AVENUE SUITE 270 HOUSTON TX 77042 US	Mailing Address POST OFFICE BOX 3506 SUITE 270 HOUSTON TX 77253 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/02/1982	4. FEI Number 59-2239528	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22. City & State	27. City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. Zip	28. Zip			
24. Country	29. Country			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SADLER, WILLIAM	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	COOK, VINCENT E.	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEAVER, DAVID M.	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, VINCENT E	
STREET ADDRESS	9703 RICHMOND AVE.	
CITY-ST-ZIP	HOUSTON TX 77042	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	T/D/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	R. Douglas Parker
4.3 STREET ADDRESS	9703 Richmond Avenue
4.4 CITY-ST-ZIP	Houston, TX 77042
5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rick Bilderback
5.3 STREET ADDRESS	4067 Industrial Park Dr, Bldg 3A
5.4 CITY-ST-ZIP	Norcross, GA 30071
6.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Debra M. Hubbard
6.3 STREET ADDRESS	4067 Industrial Park, Dr, Bldg 3A
6.4 CITY-ST-ZIP	Norcross, GA 30071

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 an address, with all other like empowered.

SIGNATURE: R Douglas Parker **REQUIRED** Treasurer 4/6/99 713-361-7375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)