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May 12, 1999 8:00 am
Secretary of State

05-12-1999 90010 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000001269**

1. Corporation Name
NORRELL ENTERPRISES CORPORATION OF NEVADA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3535 PIEDMONT ROAD, NE ATLANTA GA 30305	Mailing Address 3535 PIEDMONT ROAD, NE ATLANTA GA 30305
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3. Date Incorporated or Qualified 03/12/1996	
4. FEI Number 58-2207359	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	D	<input type="checkbox"/> DELETE
NAME	HAIN, MARK H	
STREET ADDRESS	3535 PIEDMONT ROAD N E	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAIN, MARK H	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CALDWELL, CONNIE	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JR MADISON F	
STREET ADDRESS	3535 PIEDMONT RD N E	
CITY-ST-ZIP	ATLANTA FL 30305	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SEE ATTACHED
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	SEE ATTACHED
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Asst. Corporate Controller
5.3 STREET ADDRESS	SEE ATTACHED
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 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: **Kathy McDewitt** 4/23/99 (404) 240-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)

5410 710 - 90010 - 0
F96 000001269

Sheet1

NAME & ADDRESS, INCLUDING STREET & NUMBERS OF DIRECTORS AND OFFICERS

NORRELL ENTERP. CORP.	<u>NAME</u>	<u>ADDRESS</u>
DIRECTOR	LARRY J. BRYAN	3535 PIEDMONT RD., ATLANTA, GA 30305
DIRECTOR		
DIRECTOR		
PRESIDENT	MARK HAIN	3535 PIEDMONT RD., ATLANTA, GA 30305
VICE PRESIDENT	SCOTT COLABUONO	3535 PIEDMONT RD., ATLANTA, GA 30305
TREASURER	CONNIE CALDWELL	3535 PIEDMONT RD., ATLANTA, GA 30305
ASST. CORP. CONTROLLER	KATHY MCDEVITT	3535 PIEDMONT RD., ATLANTA, GA 30305
ASST. SECRETARY	SCOTT COLABUONO	3535 PIEDMONT RD., ATLANTA, GA 30305