

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 006 ***150.00

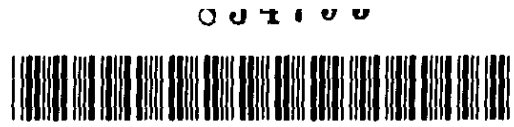
DOCUMENT # F96000001269
 1. Entity Name
NORRELL ENTERPRISES CORPORATION OF NEVADA

Principal Place of Business 3535 PIEDMONT ROAD. NE ATLANTA GA 30305	Mailing Address 3535 PIEDMONT ROAD. NE ATLANTA GA 30305
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2. Principal Place of Business 2050 Spectrum Blvd.	3. Mailing Address 2050 Spectrum Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33309	Zip 33309
Country	Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. 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	
ST-ZIP ATLANTA GA 30305	
TITLE T	<input type="checkbox"/> Delete
NAME COLE, JR MADISON F	
STREET ADDRESS 3535 PIEDMONT RD N E	
ST-ZIP ATLANTA FL 30305	
TITLE ACC	<input type="checkbox"/> Delete
NAME MCDEVITT, KATHY	
STREET ADDRESS 3535 PIEDMONT RD	
ST-ZIP ATLANTA GA 30305	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/Ex.VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Roy G. Krause	
STREET ADDRESS 2050 Spectrum Blvd	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE Pres./CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Raymond Marcy	
STREET ADDRESS 2050 Spectrum Blvd.	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE Dir./VP/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lisa G. Iglesias	
STREET ADDRESS 2050 Spectrum Blvd.	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE VP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Shannon C Allen	
STREET ADDRESS 2050 Spectrum Blvd.	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE Dir/Ex.VP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert E. Liunius	
STREET ADDRESS 2050 Spectrum Blvd	
CITY-ST-ZIP Ft. Lauderdale, FL 33209	
TITLE Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bruce T. Petersen	
STREET ADDRESS 2050 Spectrum Blvd	
CITY-ST-ZIP Ft. Lauderdale, FL 33309	

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark W. Smith Mark W. Smith 4/17/00 954-938-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP-925 (0-000)