

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

001379

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000006072

1. Corporation Name
~~INTERNATIONAL PERSONNEL RESOURCES, LTD. INCORPORATED~~
INOVIS EMPLOYEE SERVICES, INC.

Principal Place of Business Mailing Address
1655 PHOENIX BOULEVARD SUITE 4 COLLEGE PARK GA 30349
1655 PHOENIX BOULEVARD SUITE 4 COLLEGE PARK GA 30349

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SECRETARY OF STATE
TALLAHASSEE, FL 32304



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1997**
4. FEI Number: **58-2120397**
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 owes the current year Intangible Personal Property Tax: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address
21 **4501 Circle 75 Pkwy., # B-2200** 26 **4501 Circle 75 Pkwy., # B-2200**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Atlanta, GA** 28 **Atlanta, GA**
Zip Country Zip Country
24 **30339** 25 **USA** 29 **30339** 30 **USA**

9. Name and Address of Current Registered Agent

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

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: For Registered Agent signature, type in the registration date)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PC	[] DELETE
NAME	HOLTSFORD, ROBERT P	
STREET ADDRESS	2787 LANDSDOWE LANE	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	WVC	[] DELETE
NAME	BOYD, VALERIE	
STREET ADDRESS	15041 NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[] Change [] Addition
12 NAME	D	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P, C, S	[] Change [] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Valerie Boyd* **Valerie Boyd** 2-24-99 770-541-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)