

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006509 (0)
1. Corporation Name
GLOBAL EMPLOYER'S NETWORK, INC.



Principal Place of Business 9850 NORTH CENTRAL EXPRESSWAY, SUITE 226 DALLAS TX 75231-4326	Mailing Address 9850 NORTH CENTRAL EXPRESSWAY, SUITE 226 DALLAS TX 75231-4326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1997	
21 12222 Merit Drive	26 12222 Merit Drive	4. FEI Number 75-2621008		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite 450	27 Suite 450	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Dallas TX	28 Dallas TX	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 75251	25	29 75251	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWRANCE, ROBERT S			1.2 NAME	Lowrance, Robert S		
STREET ADDRESS	9850 NORTH CENTRAL EXPRESSWAY, SUITE 226			1.3 STREET ADDRESS	12222 Merit Dr, Suite 450		
CITY-ST-ZIP	DALLAS TX 75231-4326			1.4 CITY-ST-ZIP	Dallas TX 75251		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINCE, WILLIAM T III			2.2 NAME	Prince, William T III		
STREET ADDRESS	9850 NORTH CENTRAL EXPRESSWAY, SUITE 226			2.3 STREET ADDRESS	12222 Merit Dr, Suite 450		
CITY-ST-ZIP	DALLAS TX 75231-4326			2.4 CITY-ST-ZIP	Dallas TX 75251		
TITLE	VC	<input type="checkbox"/> DELETE		3.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLAGEL, GARY A			3.2 NAME	Slagel, Gary A		
STREET ADDRESS	9850 NORTH CENTRAL EXPRESSWAY, SUITE 226			3.3 STREET ADDRESS	12222 Merit Dr Suite 450		
CITY-ST-ZIP	DALLAS TX 75231-4326			3.4 CITY-ST-ZIP	Dallas TX 75251		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E034 (10/97)