

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # **P39065** (8)

1. Corporation Name
EMPLOYEE LEASING SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 12520 DALLAS TX 75225-0528	P.O. BOX 12520 DALLAS TX 75225-0528

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/02/1992	08/09/1994
22 State, Apt. #, etc		27 State, Apt. #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		75-2005823	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		[]	
26		31		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		32		[]	
28		33		8. This corporation has liability for intangible tax under the 1990 Florida Statutes	[] Yes [X] No
29		34			

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, Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent and Florida agent

Signature of New Agent or registered agent and Florida agent

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PST
NAME	MONTGOMERY, WELDON J., II
STREET ADDRESS	5910 N. CENT. EXPY, #1000
CITY ST ZIP	DALLAS TX
TITLE	CD
NAME	MONTGOMERY, WELDON J., II
STREET ADDRESS	5910 N. CENT. EXPY, #1000
CITY ST ZIP	DALLAS TX
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	PST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Montgomery, Weldon J., II		
STREET ADDRESS	10500 Steppington, Suite 160		
CITY ST ZIP	Dallas, Texas 75230		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Montgomery, Weldon J., II		
STREET ADDRESS	10500 Steppington, Suite 160		
CITY ST ZIP	Dallas, Texas 75230		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is substantially true and correct, as to quality for the information stated to be true. I do hereby certify that the information included 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 12 or Block 13 of this report, or appears as Block 12 or Block 13 of this report.

SIGNATURE: *Weldon J. Montgomery, President*
Weldon J. Montgomery II
SIGNATURE AND TYPE OF OFFICE OR POSITION OF DIRECTOR

1-13-95 214 987-9501