

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

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PROFIT CORPORATION
ANNUAL REPORT
1997



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

97 OCT -2 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069971 (5)

1. Corporation Name

EXPRESS HUMAN RESOURCES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

ONE FINANCIAL CENTRE, SUITE 141
650 S. SHACKLEFORD
LITTLE ROCK AR 72211

ONE FINANCIAL CENTRE, SUITE 141
650 S. SHACKLEFORD
LITTLE ROCK AR 72211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report
4. FEI Number 71-0795359	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

85 Zip Code

FL

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	D	<input type="checkbox"/> DELETE
NAME	ELEY, REX	
STREET ADDRESS	1 FIN. CNTR. STE. 141, 650 S SHACKLEFORD	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDS, THOMAS N	
STREET ADDRESS	6300 N.W. EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002317750--4
1.3 STREET ADDRESS	-10/10/97--01090--025
1.4 CITY-ST-ZIP	*****500.00 *****500.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000002317750--4
2.3 STREET ADDRESS	-10/10/97--01090--025
2.4 CITY-ST-ZIP	*****50.00 *****50.00
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do 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 receiver 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.

SIGNATURE: *Rex Eley* Rex Eley 8/17/97 10/10/97

CR2E034 (4/97)

Owners and Officers of Express Human Resources, Inc.

1. Robert Funk, Chairman 49.64% Owner
SSN: 532-36-7554
506 Piedmont Road
Piedmont, Oklahoma 73078
Phone Number: 405-373-2457
2. William Stoller, Vice-Chairman 49.64% Owner
SSN: 543-52-5385
17330 Grandview Court
Lake Oswego, Oregon 97034
Phone Number: 503-636-8249
3. Rex Eley, Vice Chairman of the Board
SSN: 429-78-2347
800 Steward Road
Little Rock, Arkansas 72211
Phone Number: 501-821-5654
4. David Gillogly, President
SSN: 448-46-8413
5805 N.W. 31st Terrace
Oklahoma City, Oklahoma 73622
Phone Number: 405-840-5000
5. Tom Richards, Secretary
SSN: 450-84-0492
1705 Faircloud Drive
Edmond, Oklahoma 73034
Phone Number: 405-348-1236
6. Debbie E. Blough, Chief Financial Officer
451-06-3935
13819 Napoleon Rd.
Little Rock, Arkansas 72211
Phone Number: 501-223-2874

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7. Barry I. Carlson, V.P. Client and Franchise Services
SSN: 049-44-3607
2781 FM 2495
Athens, Texas 75751
Phone Number: 903-677-4746

8. Pamela J. Jones, Assistant Secretary
SSN: 431-88-7920
7500 Yuma Court
North Little Rock, Arkansas 72116
Phone Number: 501-758-7519