

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000002269 (8)
 1. Corporation Name

NATIONAL EMPLOYER SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2575 WESTSIDE PKWY, ALPHARETTA GA 30004, US
 Mailing Address: 2575 WESTSIDE PKWY, ALPHARETTA GA 30004, US

3. Date Incorporated or Qualified: 05/03/1994
 4. FEI Number: 58-1991865
 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: Suite 100, City & State, Zip, Country
 2a. Mailing Address: Suite 100, City & State, Zip, Country

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS ST., STE. 105, TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS	
TITLE: CP	<input type="checkbox"/> DELETE
NAME: BENNINGTON, GEORGE	
STREET ADDRESS: 4006 COLUMNS	
CITY-ST-ZIP: MARIETTA GA 30067	
TITLE: S	<input type="checkbox"/> DELETE
NAME: CATES, RON	
STREET ADDRESS: 1690 LAXY RIVER	
CITY-ST-ZIP: DUNWOODY GA 30350	
TITLE: Asst. Secretary	<input type="checkbox"/> DELETE
NAME: Rives, Lori	
STREET ADDRESS: 1720 watercrest Dr	
CITY-ST-ZIP: Cumming, GA 30041	
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:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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.

SIGNATURE: _____ DATE: 7/22/97 770-475-9111

CR2E034 (5/98)