

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

FILED  
May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006565 (3)**

1. Corporation Name  
**EMPLOYEE SOLUTIONS, INC.**



Principal Place of Business <b>2929 E. CAMELBACK RD., #220 PHOENIX AZ 85016</b>	Mailing Address <b>2929 E. CAMELBACK RD., #220 PHOENIX AZ 85016-4426</b>
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2. Principal Place of Business 21 <b>6225 N. 24th St.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6225 N. 24th St.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/16/1996</b>	3a. Date of Last Report <b>None</b>
22 City & State <b>Phoenix, AZ</b>		27 City & State <b>Phoenix, AZ</b>		4. FEI Number <b>86-0676898</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip <b>85</b>		28 Zip <b>85</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PDC	2929 E. CAMELBACK RD., #220	PHOENIX AZ 85016	VP Sales, D	Edward L. Cain	6225 N. 24th St.	Phoenix, AZ 85016
	VD	2929 E. CAMELBACK RD., #220	PHOENIX AZ 85016				
	S	2929 E. CAMELBACK RD., #220	PHOENIX AZ 85016				
	T	2929 E. CAMELBACK RD., #220	PHOENIX AZ 85016				
	D	2929 E. CAMELBACK RD., #220	PHOENIX AZ 85016				
	D	2929 E. CAMELBACK RD., #220	PHOENIX AZ 85016				

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 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: \_\_\_\_\_ SIGNATURE REQUIRED 4/24/97 (602) 381-5169

CR2E034 (9/96)