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· PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan?

Secretary-of State ... DIVISION OF CORPORATIONS

DOCUMENT # F9600006565 (3)

EMBLOYEE SOLUTIONS INC

FILED
May 18 1998 8:00am
Secretary of State

Principal Place	of Business	Mailing Address				1191 6111 1201
6225 N 24TH ST PHOENIX AZ 85016 US		6225 N 24TH ST PHOENIX AZ 85016		DO NOT WRITE I	IN THIS SOACE	
		US		3. Date Incorporated or Qualified 12/16/1996	IN THIS SPACE	
2. Principal Pi	ace of Business	26. Mailing Address		4. FEI Number	A	pplied For
21		26		86-0676898		lot Applicable
Suite, Apt. #	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	U-U	Additional lequired
City & State	>	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid		
24	25	29	30	Personal Property Tax due June 3		X No
0.7	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	istereo Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street	orporation Service Compa Address (P.O. Box Number is Not Acceptable 201 Hays Street	u ny e)	
			83	s new agent is already o	on file wit	h Flori
			1 1 7	allahasse		2301
11. Pursuant to office or re	o the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblid	02 and 607,1508, Florida State e of Florida, Such change was gations of Section 60% 0505. F	ites, the above-named	corporation submits this statement for the puporation's board of directors. Hereby accept	rpose of changing in the appointment as	its registered registered
agent i an	In	10-11/11	CORDOD ATIC	MICETIZOF COMBANA	1.102	
SIGNATURE _	Many & Kenn	I ASST VAL	CORPORATIO	ON SEENTCE COMPANY 5	1/98	
SIGNATURE	unatur typed gyprints griame di it gistered a	od and should apply abile (NC	CORPORATIO (IL Registered Agent signature	ON SET YOE COMPANY 9 erequired when reinstaring)	1/78 DATE	
SIGNATURE 3	unatur typed gyprints griame di it gistered a	of and office if apply ability ND DIRECTORS	CORPORATIO	ON SET "OE COMPANY 9 e required when reinstating) ADDITIONS/CHANGES TO OFFICE	LIATE ERS AND DIRECTO	
	unatur typed of brints grame of its gistered at OFFICERS At	od and should apply abile (NC	CORPORATION 11. Registered Agent signature 13.	ON SET "OE COMPANY 9 e required when reinstating) ADDITIONS/CHANGES TO OFFICE C/D/P	LIATE ERS AND DIRECTO	RS IN 12
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indicated on this annual report or suppremental annual report is true and accurate at a man regarder responsibility of the corporation or the receiver or trustee enpowered 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

PAUL M. GALES, SECRETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/98 (602) 955-5556
Date Disyline Phone # 0625336