

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morphy Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000995 (7)

1. Corporation Name

EMPLOYEE SOLUTIONS OF ALABAMA, INC.

Principal Place of Business

2929 E. CAMELBACK RD., SUITE 220  
PHOENIX AZ 85016

Mailing Address

2929 E. CAMELBACK RD., SUITE 220  
PHOENIX AZ 85016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

2. Principal Place of Business

2a. Mailing Address

21 6225 N. 24TH ST.

26 6225 N. 24TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

63-1094251

Applied For

Not Applicable

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

City & State  
23 PHOENIX, AZ

City & State  
28 PHOENIX, AZ

Zip  
24 85016

Country  
25 USA

Zip  
29 85016

Country  
30 USA

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  
CORPORATION SERVICE COMPANY  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

83 (this new agent is already on file with Florida)  
84 City  
TALLAHASSEE FL 85 Zip Code  
32301

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

*Paul M. Gales, Asst. V.P.*

CORPORATION SERVICE COMPANY

5/1/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BRODY, MARVIN D	
STREET ADDRESS	2929 E. CAMELBACK RD., SUITE 220	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GALES, PAUL M	
STREET ADDRESS	2929 E. CAMELBACK RD., SUITE 220	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FLEGENHEIMER, ROY A	
STREET ADDRESS	2929 E. CAMELBACK RD., SUITE 220	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELFER, HARVEY A	
STREET ADDRESS	2929 E. CAMELBACK RD., SUITE 220	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AARON, MORRIS C	
STREET ADDRESS	2929 E. CAMELBACK RD., SUITE 220	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BRODY, MARVIN D.	
13 STREET ADDRESS	6225 N. 24TH ST.	
14 CITY-ST-ZIP	PHOENIX, AZ 85016	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GALES, PAUL M.	
23 STREET ADDRESS	6225 N. 24TH ST.	
24 CITY-ST-ZIP	PHOENIX, AZ 85016	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BELFER, HARVEY A.	
43 STREET ADDRESS	6225 N. 24TH ST.	
44 CITY-ST-ZIP	PHOENIX, AZ 85016	
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	AARON, MORRIS C.	
53 STREET ADDRESS	6225 N. 24TH ST.	
54 CITY-ST-ZIP	PHOENIX, AZ 85016	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL M. GALES, SECRETARY 4/21/98 (602) 955-5556

Date Date/Time Printed 0625337

CR2E034 (10/97)