

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **J35673** (9)
1. Corporation Name
NOVACARE EMPLOYEE SERVICES CLUB STAFF, INC.



Principal Place of Business
**402 43RD ST. WEST
BRADENTON FL 34209**

Mailing Address
**1016 W. 9TH AVENUE
KING OF PRUSSIA PA 19406**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2726758	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULBER, LOREN	1.2 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	1.3 STREET ADDRESS	2621 Van Buren Ave.
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	1.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHR, BRAD	2.2 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINO, MARIE	3.2 NAME	Richard S. Bernstein
STREET ADDRESS	1016 W. 9TH AVENUE	3.3 STREET ADDRESS	2621 Van Buren Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	3.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, ROBERT	4.2 NAME	Thomas D. Schubert
STREET ADDRESS	1016 W. 9TH AVENUE	4.3 STREET ADDRESS	2621 Van Buren Ave
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	4.4 CITY-ST-ZIP	Norristown PA 19403
TITLE	DP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, JAMES E	5.2 NAME	
STREET ADDRESS	1016 W. 9TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement 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:

Richard S. Bernstein 7/16/98 6:10/992-3000

CR2E034 (5/98)