

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 MAY 17 PM 12:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L50235
 1. Corporation Name

ADP TotalSource FL XXIX, Inc.

Principal Place of Business Mailing Address
 10200 Sunset Drive 10200 Sunset Drive
 Miami, FL 33173 Miami, FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0172853	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30	

9. Name and Address of Current Registered Agent

Guthrie, Cynthia A.
 1918 Lindsey Court
 West Palm Beach, FL 33414

10. Name and Address of New Registered Agent

81 Name	Elizabeth Marston, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	10200 Sunset Drive
83	
84 City	Miami
85 Zip Code	FL 33173

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	Guthrie, Cynthia A.	
STREET ADDRESS	1918 Lindsey Court	
CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	Gurthrie, Wayne	
STREET ADDRESS	1918 Lidnsey Court	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carlos Saladrigas	
1.3 STREET ADDRESS	10200 Sunset Drive	
1.4 CITY-ST-ZIP	Miami, FL 33173	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carlos Rodriguez	
2.3 STREET ADDRESS	10200 Sunset Drive	
2.4 CITY-ST-ZIP	Miami, FL 33173	
3.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sergio Fernandez	
3.3 STREET ADDRESS	10200 Sunset Drive, Miami, FL 33173	
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert Singer	
4.3 STREET ADDRESS	One ADP Boulevard	
4.4 CITY-ST-ZIP	Roseland, NJ 07068	
5.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Cueto	
5.3 STREET ADDRESS	10200 Sunset Drive	
5.4 CITY-ST-ZIP	Miami, FL 33173	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	000003291450--6	
6.4 CITY-ST-ZIP	-06/15/00--01072--016	

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, with all other like empowered.

SIGNATURE: *William Cueto* 5/12/2000 305-630-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #