

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M35411 (1)
 1. Corporation Name
PAYCHEX BUSINESS SOLUTIONS, INC.



Principal Place of Business NBS OF SOUTH FLORIDA, INC. 10105 9TH STREET NORTH ST. PETERSBURG FL 33716-3807	Mailing Address NBS OF SOUTH FLORIDA, INC. 10105 9TH STREET NORTH ST. PETERSBURG FL 33716-3807
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2. Principal Place of Business 21 % PAYCHEX INC. Suite, Apt. #, etc. 22 911 PANORAMA Trail SCOM City & State 23 ROCHESTER NY Zip 24 14625 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 07/18/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2693969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 FL 85 Zip Code
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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 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE LASHER, STUART G 10105 9TH STREET NORTH ST. PETERSBURG FL 33716-3807 <input checked="" type="checkbox"/> DELETE ESRICK, STEVEN M 10105 9TH STREET NORTH ST. PETERSBURG FL 33716-3807 <input checked="" type="checkbox"/> DELETE SINGER, GLENN 1000 ISLAND BLVD., #2008W N. MIAMI FL 33180 <input checked="" type="checkbox"/> DELETE BAERWALDE, ROB 10105 9TH STREET NORTH ST. PETERSBURG FL 33716-3807 <input checked="" type="checkbox"/> DELETE HILL, CRAIG 10105 9TH STREET NO. ST. PETERSBURG FL 33716 <input checked="" type="checkbox"/> DELETE HASARA, GARRY 10105 9TH STREET NO. ST. PETERSBURG FL 33716	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT LASHER, STUART G. 4931 NEW PROVIDENCE AVE TAMPA FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT RICHARD B. WARSHOF 22 Brookshire Lane PENFIELD NY 14526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY/TREASURER JOHN MORPHY 61 VINEYARD HILL FAIRPORT, NY 14450 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard B. Warshof 4/29/97 813-579-0505
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)