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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000043626

TEAM SOLUTIONS, INC.

Principal Place	of Business	Mailing Address	-			1 1001(801 110 10101 31(1) 60111 00111		
406 ROSEMONT	PKWY	406 ROSEMONT PKWY						
ROSWELL GA 30076		ROSWELL GA 30076			DO NOT WRITE IN THIS SPACE			
US		U\$				3. Date Incorporated or Qualifed		
						06/06/1995		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	· A	Applied For
21		26				59-3323507		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee F	Required
City & State	e	City & State				6. Election Campaign Financing	□ \$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the currer		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Agent	
0.51	/ED 1 01/10E]1	31 Nan	ne			
	KER, LOUISE		1	32 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	le)	
	CARRIOCA CT.							
MERI	RITT ISLAND FL 32953		1	33				
			l'a	34 City			85 Zip	Code
				1			FL	
office or re	egistered agent, or both, in the State	of Florida. Such change wa	as authorized l	by the co	rporation	ration submits this statement for the probability board of directors. I hereby accept	the appointment as i	registered
SIGNATURE	m familiar with, and accept the obliga	MER		es.		87	1/99	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (A	IOTE: Registered A	es.			ATE CERS AND DIRECT	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	MER	IOTE: Registered A	es. gent signati		when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable (ND DIRECTORS	IOTE: Registered A 13. 1.1 TITL	es. gent signati E				ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D DENNIS E. BROWN	nt and title if applicable (ND DIRECTORS	IOTE: Registered A 13. 1.1 TITL 1.2 NAW	es. gent signati E	ore required v			ORS IN 12
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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 of supplemental armual report of 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 of the true 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 of the true 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 of the corporation of the corporatio officer or director of the corpo Block 12 or Block 13 if chapt

SIGNATURE:

CITY-ST-ZIP