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FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000083125 (1)

1. Corporation Name
EMPLOYER PROFESSIONAL SERVICES, INC.



Principal Place of Business
**1600 WEST COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33309**

Mailing Address
**1600 WEST COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33309-3012**

3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0617103	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**CAMILLO, JOHN M
 1600 W. COMMERCIAL BLVD.
 FT. LAUDERDALE FL 33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MORGANMAN, PHILIP E
STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	D/P <input type="checkbox"/> DELETE
NAME	SPRUCE, WILLIAM D
STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, MATTHEW J
STREET ADDRESS	7000 W. PALMETTO PARK RD.
CITY-ST-ZIP	BOCA RATON FL 33433
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JESSE P. GADDIS
1.3 STREET ADDRESS	DIRECTOR
1.4 CITY-ST-ZIP	1600 WEST COMMERCIAL BOULEVARD
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FORT LAUDERDALE, FLORIDA 33309
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: William Spruce **William Spruce, Vice President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/21/97 (954) 493-8423
 Daytime Phone #

CR2E034 (9/96)