

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90017 031 \*\*\*158.75



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **P95000083125**

1. Corporation Name  
**EMPLOYER PROFESSIONAL SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified  
**10/30/1995**

4. FEI Number  
**65-0617103**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be - Trust Fund Contribution - Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 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 **JONES, MATTHEW T. ESQ.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1600 W. COMMERCIAL BLVD.**  
 83  
 84 City **FT. LAUDERDALE FL** 85 Zip Code **33309**

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 *Matthew T. Jones* **MATTHEW T. JONES, ESQ.** 3/10/99  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORGANMAN, PHILIP E</b>	
STREET ADDRESS	<b>1600 W. COMMERCIAL BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SPRUCE, WILLIAM D</b>	
STREET ADDRESS	<b>1600 W. COMMERCIAL BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GADDIS, JESSE P</b>	
STREET ADDRESS	<b>1600 WEST COMMERCIAL BOULEVARD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
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	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MORGAMAN, PHILIP E.</b>	
1.3 STREET ADDRESS	<b>1600 W. COMMERCIAL BLVD.</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SPRUCE, WILLIAM D.</b>	
2.3 STREET ADDRESS	<b>1600 W. COMMERCIAL BLVD.</b>	
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>	
3.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STEPHENSON, MARK</b>	
3.3 STREET ADDRESS	<b>1600 W. COMMERCIAL BLVD.</b>	
3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>NICHOLS, NEAL</b>	
4.3 STREET ADDRESS	<b>3251 WASHINGTON BLVD.</b>	
4.4 CITY-ST-ZIP	<b>ARLINGTON, VA. 22201</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CAMILLO, JOHN M.</b>	
5.3 STREET ADDRESS	<b>221 W. OAKLAND PK. BLVD.</b>	
5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33311</b>	
6.1 TITLE	<b>D/V/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>GARDNER, DEBORAH S.</b>	
6.3 STREET ADDRESS	<b>1600 W. COMMERCIAL BLVD.</b>	
6.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33309</b>	

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: *Mark Stephenson* **MARK STEPHENSON, PRESIDENT** 3/10/99 (954)493-6565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

EMPLOYER PROFESSIONAL SERVICES, INC.

475618-90017-31  
P95000083125

ADDITIONAL OFFICERS:

Title: V  
Name: Matthew T. Jones  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dennis Smith  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Cheryl A. Smith  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Gary D. Paikoff  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Marilyn Peterson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309