

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

0461472

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 09 JUL 12 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000014135

1. Corporation Name
EMPLOYER BUSINESS SERVICES, INC.



Principal Place of Business
**10355 ST. PATRICK LANE
 BONITA SPRINGS FL 34135**

Mailing Address
**10355 ST. PATRICK LANE
 BONITA SPRINGS FL 34135**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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3. Date Incorporated or Qualified
02/10/1997

4. FEI Number
65-0740754

Applied For
 Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**JACKSON, LAWRENCE R
 10355 ST. PATRICK LANE
 BONITA SPRINGS FL 34135**

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

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 **P** DELETE

NAME **JACKSON, LAWRENCE R**

STREET ADDRESS **10355 ST PATRICK LANE**

CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

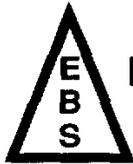
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******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-99 941-495-9255
 Date Day/mo/Phone

CR2E034 (11/98)



Employer Business ServicesSM
The Pinnacle For Maximizing Profitability

June 29, 1999

Florida Department of State
P.O. Box 1500
Tallahassee Fl. 32302-1500

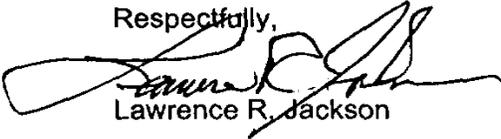
Dear Secretary of State:

The late filing is an oversight on my part and I place myself at your mercy!

I am going through the divorce process at present and my mind has not been on my business affairs, as you can understand.

Thank you for your time and consideration.

Respectfully,



Lawrence R. Jackson