

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000030336 (9)

1. Corporation Name
PUBLIC RESOURCES MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

541 SOUTH ORLANDO AVE
SUITE 201
MAITLAND FL 32751
US

541 SOUTH ORLANDO AVE
SUITE 201
MAITLAND FL 32751-5669
US

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 225 South Swoope Ave.

26 225 South Swoope Ave

Suite, Apt. #, etc.
22 Suite 211

Suite, Apt. #, etc.
27 Suite 211

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3235769

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORI, ROBERT J
541 SOUTH ORLANDO AVE
SUITE 201
MAITLAND FL 32751

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

225 South Swoope Ave
Suite 211

B4 City

FL

B5 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: Robert J. Ori

(NOTE: Registered Agent signature required when re-stating)

1/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ORI, ROBERT J	
STREET ADDRESS	541 SOUTH ORLANDO AVE SUITE 201	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORI, ROBERT J	
STREET ADDRESS	541 SOUTH ORLANDO AVE SUITE 201	
CITY - ST - ZIP	MAITLAND FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	THOMAS, HENRY L	
STREET ADDRESS	1240 FOXDEN RD	
CITY - ST - ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	225 South Swoope Ave, Suite 211	
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	225 South Swoope Ave. Suite 211	
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Robert J. Ori

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

407-628-2600

Daytime Phone #

CR2E034 (9/96)