03-10-1999 90254 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400030336

1. Corporation Name

PUBLIC	resources managemen	NI GHOUP, INC.						
Principal Place of Business		Mailing Address				1 1001000 110 1011 01311 10114 80111 00100 Elici oning titel oning	M Ment Email	
225 SOUTH SW		225 SOUTH SWOOPE AVE						
SUITE 211		SUITE 211				DO NOT IMPLIE IN THIS SPACE		
MAITLAND FL 32751		MAITLAND FL 32751				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 04/18/1994		
2. Principal Pl	ace of Business	2a. Mailing Address					Applied For	
21.		26				00 0200100	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Add		
22		27				Fee Requ		
City & State	е	City & State				6. Election Campaign Financing \$5.00 Ma		
23		Zip Country				Trust Fund Contribution Added to Fees		
Ziρ	Country	<u> </u>	_ `			8. This corporation owes the current year Intangible		
24	25	29	30	т'		Personal Property Tax.	1100	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Haine and Address of New Registered Agent		
ORI	ROBERT J							
	SOUTH SWOOPE AVE					ess (P.O. Box Number is Not Acceptable)		
	E 211							
	LAND FL 32751							
MAII	EARD IE GETOT			84	City	FL 85 Zip Code		
		00 C07 4500 Florido P	latistan than	hove	named co	omoration submits this statement for the number of changing its re-	nistered	
office or o	egistered agent, or both, in the State	of Florida, Such change w	as authorized	a by	the corpor	ration's board of directors. I hereby accept the appointment as regis	tered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505.	, Florida Stat	utes	•		İ	
SIGNATURE	Signature, typed or printed name of registered age	and and title if applicable	NOTE: Pagisterer	Agen	t synahire ren	quired when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PTD	☐ DELETE	1.1 T	TLE		☐ Change	Addition	
NAME	ORI, ROBERT J		1.2 N	AME				
STREET ADDRESS 225 SOUTH SWOOPE AVE, SUI		TF 211 1.3 S		TREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL	J., 2 2	1.4 C	ITY-\$1	r-ZIP			
TITLE	VSD	☐ DELETE				☐ Change	Addition	
NAME	THOMAS, HENRY L		2.2 N	AME				
STREET ADDRESS	-225 SOUTH SWOOPE AVE, S	UITE 211	- 2.3 S	TREET	ADDRESS ~	بالمسيداتين بسيسية سنسار بيهمينية بالأسيار	·	
CITY-ST-ZIP	APOPKA FL		2.40	ITY-S	T-ZIP			
TITLE		☐ DELETI	E 3.1 Ti	TLE		☐ Change	Addition	
NAME			3.2 N	AME	-			
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP			
TITLE		☐ DELETI	E 4.1 Ti	TLE		☐ Change	☐ Addition	
NAME			4, 2 N	IAME			ļ	
STREET ADDRESS	DRESS		4.3 S	4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP			
TITLE	☐ DELETE		5.1 T	5.1 TITLE		☐ Change	Addition	
NAME			5.2 N				Ĭ	
STREET ADDRESS			5.3 S	TREET	ADDRESS		}	
CITY-ST-ZIP				TY-S	T-ZIP			
TITLE		☐ DELET				☐ Change	Addition	
NAME			6.2 N				j	
STREET ADDRESS			6.3 S	TREET	ADDRESS)	
CITY-ST-ZIP			6.4 C	ITY-S	T-ZIP		.,,,,	

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-628-26W