

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000097989 (4)

1. Corporation Name

F.D.R. RESOURCES, INC.



Principal Place of Business

Mailing Address

**600 W HILLSBORO BLVD THIRD FLOOR
DEERFIELD BEACH FL 33441**

**600 W HILLSBORO BLVD THIRD FLOOR
DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

N/A

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. Country

25. Country

29. Country

30. Country

COCONUT CREEK, FL.

33073

BROWARD

4. FEI Number

65-0628712

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?

Yes

No

9. Name and Address of Current Registered Agent

**BINNS, RENEE
1040 NE 7 AVE STE 32
FT LAUDERDALE FL 33304**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

Signature of principal place of business agent and fee if applicable

(None) Registered Agent signature required when this filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** DELETE
NAME **DERICE, FRANK**
STREET ADDRESS **600 W HILLSBORO BLVD THIRD FLOOR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VTD** DELETE
NAME **ANGOTTI, GERI**
STREET ADDRESS **600 W HILLSBORO BLVD THIRD FLOOR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PSD** Change Addition
2.2 NAME **ANGOTTI, GERI**
2.3 STREET ADDRESS **4161 CORAL TREE CIRCLE #368**
2.4 CITY-ST-ZIP **COCONUT CREEK, FL. 33073**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerri Angotti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERI ANGOTTI

6/11/96 **954-969-7788**

CR2E034 (3/96)