PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90072 022 ***158.75

DOCUMENT # P98000107074

TR RESC	DURCES, INC.										
Principal Plac	ce of Business	Mai	ling Address				- 1 10011001 110 10101 10111 00111 00111	1811) 4818) (181 1) 6		leit othu (ED)	
407 LINCOLN R			INCOLN ROAD								
SUITE 2A		SUITE									
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139							L	RITE IN THIS			1
					-5-3-6-		12/28/1998				2
2. Principal F	lace of Business	2a.	Mailing Address				4. FEI Number	^	Ap	plied For	l i
21		26					65-088666	0_/	No	t Applicable	ĺ '
Sulte, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	\$8.75 / Fee Re	Additional quired	
City & Stat	le		City & State				-8;-Election Campaign Financin	9	\$5.00	May.Be	
23		28					Trust Fund Contribution	<u></u>	Added	to Fee#	
Zip	Country	_∟:	Zip	Cou	ntry	İ	8. This corporation owes the a	urrent year Inti		_/	
24	25	29		30			Personal Property Tax.		Yes	S/No	ĺ
	9. Name and Address of Curre	ent Registe	ered Agent		81 /	<u> </u>	10. Name and Address of New	v Registered	Agent		
STRA	ATTON, DOUGLAS D ESQ.				"	Name ,					1
	LINCOLN ROAD				82	Street Addres	ss (P.O. Box Number is Not Acce	ptable)			
SUM					83						l
	II BEACH FL 33139				03						ł
,,,, ,,				ļ	84	City		<u> </u>	85 Zip (code	í
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11.:Pursuset office or r agent. I a	to the provisions of Sections 607:05 registered agent, or both, in the State im familiar with, and accept the obligi	602 and 607 e of Florida pations of, S	7.1508, Elorida Statu , Such change was Section 607.0505, FI	ites, the a authorized orida Stati	bowe-ri by the	amed corpor e corporation	ation submits this statement for the board of directors. I hereby according to the submit of the sub	ne purpose of sept the appoin	changing its itment as re	registered gistered	
11.: Pursuset office or r agent. I a SIGNATURE									changing its itment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ag-	pert and title if s	applicable. (NOT	E: Registered		parties required or	when renetating)	DATE			98)
SIGNATURE	Signature, typed or printed name of registered age	pert and title if s	TORS (NOT	E: Registered	Agent si			DATE	D DIRECTO	RS IN 12	(1/98)
SIGNATURE 12. TILE	Signature, typed or printed name of registered so OFFICERS AI	pert and title if s	applicable. (NOT	E: Registered 13.	Agent el		when renetating)	DATE			4 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D TAURITZ, JOSEPH	pert and title if s	TORS (NOT	E: Registered 13. 1.1 TD 1.2 NA	Agent el	grature required w	when renetating)	DATE	D DIRECTO	RS IN 12	034 (11/98)
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ennual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 Temped or on an also diment with fire others, with all other tike empowered.

SIGNATURE: