

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **531687** (2)  
1. Corporation Name  
**MEDLEY RESOURCES, INC.**



Principal Place of Business: **9501 N. W. 106TH STREET MIAMI FL 33178**  
Mailing Address: **9501 N. W. 106TH STREET MIAMI FL 33178**

3. Date Incorporated or Qualified: **04/18/1977**  
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business: **21 9401 NW 106th St.**  
2a. Mailing Address: **25 9401 NW 106th St.**  
Suite, Apt. #, etc.: **22 Suite 101**  
City & State: **23 Medley, FL**  
Zip: **24 33178** Country: **25 Dade**  
City & State: **27 Suite 101**  
City & State: **28 Medley, FL**  
Zip: **29 33178** Country: **30 Dade**

4. FEI Number: **59-1740035**  
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: **ROBINSON JR, BARNETT, ESQ  
2255 GLADES ROAD  
STE 319-A  
BOCA RATON FL 33431**  
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 |                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LARGAY, CHARLES E.</b>                 | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>9501 N.W. 106TH STREET</b>             | 1.3 STREET ADDRESS                                    | <b>9401 NW 106th St., Ste. 101</b>                                           |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                           | 1.4 CITY - ST - ZIP                                   | <b>Medley, FL 33178</b>                                                      |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LARGAY, ELLEN E.</b>                   | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>9501 N.W. 106TH STREET</b>             | 2.3 STREET ADDRESS                                    | <b>9401 N.W. 106th St., Ste. 101</b>                                         |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                           | 2.4 CITY - ST - ZIP                                   | <b>Medley, FL 33178</b>                                                      |
| TITLE                      | <b>AS</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KNOWLES, JANET</b>                     | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>9501 NW 106 ST</b>                     | 3.3 STREET ADDRESS                                    | <b>9401 NW 106th St., Ste. 101</b>                                           |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                           | 3.4 CITY - ST - ZIP                                   | <b>Medley, FL 33178</b>                                                      |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                           | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                           | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                           | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                           | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                           | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                           | 5.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                           | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                           | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                           | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Knowles AS* **4/12/96** **305-885-2458**  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Janet Knowles, Assistant Secy.**

CR2E034 (12/95)