


6-18-97 B-7862 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jun 18 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 540443 (9)  
1. Corporation Name  
SOCIAL ISSUES RESOURCES SERIES, INC.



|  |   |
|--|---|
| Principal Place of Business<br>1100 HOLLAND DRIVE<br>BOCA RATON FL 33487 | Mailing Address<br>1100 HOLLAND DRIVE<br>BOCA RATON FL 33487-2701 |
|--|---|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/08/1977 | 3a. Date of Last Report<br>01/25/1996 |
|---|---------------------------------------|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br>52-0984180<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|--|---|--|

9. Name and Address of Current Registered Agent

GOLDSTEIN, ELEANOR C.  
1100 HOLLAND DRIVE  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

|         |   |    |         |             |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
|         |   |    | FL      |             |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | P<br>GOLDSTEIN, ELLIOT H.<br>1100 HOLLAND DRIVE<br>BOCA RATON, FL 00000   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V<br>GOLDSTEIN, SETH<br>1100 HOLLAND DRIVE<br>BOCA RATON, FL 00000        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | ST<br>GOLDSTEIN, ELEANOR P.<br>1100 HOLLAND DRIVE<br>BOCA RATON, FL 00000 | 3.1 TITLE   | V., S., T., D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |   | 3.2 NAME  | GOLDSTEIN, ELEANOR P.   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    | 1100 HOLLAND DR.  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       | BOCA RATON, FL. 33487   |
| TITLE                      |   | 4.1 TITLE   | ASST. SEC., ASST. TREAS., V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  | GERALDINE McBRIDE   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    | 22795 S.W. 66th AVE. UNIT 103   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       | BOCA RATON, FL. 33428   |
| TITLE                      |   | 5.1 TITLE   | AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| NAME                       |   | 5.2 NAME  | DANIEL JAMES  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | P.O. BOX 1318   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | BLANCO, TX 78606  |
| TITLE                      |   | 6.1 TITLE   | W. RODGERS MOORE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | 7623 SIERRA TERRACE   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | BOCA RATON, FL 33433  |

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:

Geraldine McBride UP + ASST TREASURER 4/24/97  
561-994-0079  
EST 307

CR2E034 (9/96)