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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844771** (6)
1. Corporation Name
RESOLVE INCORPORATED



Principal Place of Business 401 SEA TURTLE TERRACE PLANTATION FL 33324-2814 US	Mailing Address 401 SEA TURTLE TERRACE PLANTATION FL 33324-2814 US
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3. Date Incorporated or Qualified 12/06/1979	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2198171	

2. Principal Place of Business 21 P.O. BOX 16262 Suite, Apt. #, etc. 22 Ft. Lauderdale, FL City & State 23 33318 Zip 24 U.S. Country	2a. Mailing Address 25 P.O. BOX 16262 Suite, Apt. #, etc. 26 Ft. Lauderdale, FL City & State 27 33318 Zip 28 U.S. Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MARKS, ALAN R
7520 NW 5TH ST.
STE. 207
PLANTATION FL 33317**

10. Name and Address of New Registered Agent 81 Name Stanley R. Brenner, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 200 E. Palmetto Park Rd 83 Suite 101 84 City Boca Raton FL 85 Zip Code 33432
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Stanley R. Brenner** DATE **2/6/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARDIN, MICHELLE 401 SEA TURTLE TERRACE PLANTATION FL 33324-2814 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUPERT, NORA 4201 NW 10TH ST. COCONUT CREEK FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOCTEROFF, HARRIET 2513 NW 82ND TERRACE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Myrna Murison 11299 NW 10th Manor Coral Springs, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Barbara Woodward 1701 NE 42nd St. Oakland, Park, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D MARISA RAZZARI 274 NE 24th COURT BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Myrna M. Murison** 1-28-98 (454)346-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2037 (1097)