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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58366

(8)

Mailing Address

PROGRAMMED RESOURCES, INC.

FILED
May 09 1997 8:00am
Secretary of State

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12/14/1981   Q4	Date of Last F	Report
Suite, April M. Ctc Suite, April M. April M. Ctc Suite, April M. April M. April M. Ctc Suite, April M. Apr	1/05/1996	
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  An Insure and Address of Current Registered Agent  SHUMATE, CHARLES M.  431 N.W. 39TH STREET  POMPANO BEACH FL 33064  City  File  11. Fursional to the provisions of Sections 607,0502 and 607 1508, Florida Statulas, the above-named corporation submits his statement for the purpose of lice 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 agent and the floridation of Statulas and address of Statulas and address of Statulas and Corporation submits his statement for the purpose of lice 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 agent agent with, and accept the obligations of Section 607,0505, Florida Statulas, the above-named corporation submits his statement for the purpose of lice 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 agent	<del>}</del>	opplied For Not Applicable
Zip		Additional Required
9. Name and Address of Current Registered Agent  SHUMATE, CHARLES M. 431 N.W. 39TH STREET POMPANO BEACH FL 33084  84 City  63 City  64 City  65 City  67 City  68 Cit		May Be to Fees
SHUMATE, CHARLES M. 431 N.W. 39TH STREET POMPANO BEACH FL 33084  82 Street Address (P.O. Box Number is Not Acceptable)  83	□ No	s. 199.032,
AST N.W. 39TH STREET POMPANO BEACH FL 33084  82 Street Address (P.O. Box Number is Not Acceptable)  83 P4 City  F11. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agreement and size in an internal with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. STATUTE  17. STATUTE  18. STATUTE  19. DELETE  19. STATUTE  19. STATUTE  19. STATUTE  19. STATUTE  19. DELETE  19. STATUTE  19. STATU	d Agent	
POMPANO BEACH FL 33084  83  84 City F  11. Porsuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registroid agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the air agent arm after it with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS  FREE ADDRESS 11. TITLE 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS 14. CITY-ST-ZP 15. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS 15. ADDITIONS		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above registerical agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Secretar type of printed name of registerical apert and site if applicable.   (NOTE: Registered Apent dignatural required when reinistring)   DATE		
### The Provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registrored agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agraph of the statement for the purpose agent are for registrored agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change was authorized by the corporation's board of directors. I hereby accept the agraph of the such change and the such change and the provided when rehistance in the purpose.    DELETE		
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I do hereby cert'y 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

SHATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

Charles M. Shamate, Pres. 04/28/97 (954) 648-7363