

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000000883 (7)**

1. Corporation Name

**RER NEW RESOURCES, INC.**



Principal Place of Business <b>950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US</b>	Mailing Address <b>950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/22/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>54-1738626</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HOLLOWELL, RICHARD 927 CLINT MOORE ROAD BOCA RATON FL 33487</b>				10. Name and Address of New Registered Agent	
81 Name <b>GELLMAN, ROBERT</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>927 CLINT MOORE ROAD</b>	
83				84 City <b>BOCA RATON</b>	
85 Zip Code <b>33487</b>				86 State <b>FL</b>	

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 **Robert Gellman** DATE **4/20/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KALLIVOKAS, CHRISTOPHER</b>			1.2 NAME			
STREET ADDRESS	<b>950 HERNDON PARKWAY, #200</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HERNDON VA</b>			1.4 CITY-ST-ZIP	<b>20170</b>		
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KALLIVOKAS, PATRICIA</b>			2.2 NAME			
STREET ADDRESS	<b>950 HERNDON PARKWAY, #200</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HERNDON VA</b>			2.4 CITY-ST-ZIP	<b>20170</b>		
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEVY, BRUCE M</b>			3.2 NAME			
STREET ADDRESS	<b>950 HERNDON PAKWAY, #200</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HERNDON VA</b>			3.4 CITY-ST-ZIP	<b>20170</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KALLIVOKAS, SCOTT</b>			4.2 NAME			
STREET ADDRESS	<b>950 HERNDON PARKWAY, #200</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HERNDON VA</b>			4.4 CITY-ST-ZIP	<b>20170</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	<b>GELLMAN, ROBERT</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>927 CLINT MOORE ROAD</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>		
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 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: **CHRISTOPHER KALLIVOKAS** DATE **4/14/98** 703/742-1780

CR2E034 (10/97)