Apr-24-98 03:04P ***SGS***PPG***

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Fl	LE NOW: FILING FEE	AFTER MAY 1 IS \$	May 20 1998 8:00am		
COF ANNU	PROFIT PORATION JAL REPORT 1998	FLORIDA DEPART Sandra & Secretary DIVISION OF CO	Morthum of Stato	Secreta	ry of State
	MENT # F96000 W WETZLER TELEMARKET	0001031 (1) ING RESOURCES, INC.			
	331 La Vida W	Mailing Address			
Boc	A RATON FL 32	2a. Malling Address 26	,	Date Incorporated or Qualified 02/29/1996 FEI Number 52-1869321	3a. Date of Last Report Applied For Not Applicable
22 Criv & Stat		Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired	58.75 Additional Fee Required
23 Ζίρ 24	Country	28 Z ₍ p	Country	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes	S5.00 May 8e Added to Fees intangible tax-under s. 199.032, Yes 12 No
Bo Bo	egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607, 1508, Florida Sialuie a of Florida, Such change was ai pations of, Section 607,0505, Flor	83 B4 City 3 s, the above-named coulthorized by the corporated Statutes.	ation's board of directors. I hereby accept	FL 85 Zip Code Suppose of changing its registered pt the appointment as registered
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS (NOTE	Registered Agent signature req. 13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WETZLEP, PHYLIP A	. DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	23331 LA VIDA BOCA RATON, FIL	· ;
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ DELETE	2.1 YILLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	· ,	Change Addition
ntle Name Street address City-St-Zip		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 14 CITY-SI-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip	3000025 -05/22/3801 ***165.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L) DELETE	5.1 TITLE 5.2 NAME 5.3 SIREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		C) DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

64 CITY-ST-ZIP

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, this is an officer or director of the opposition 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 an an attackment in the address.

SIGNATURE:

18

561-489-0745