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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004451 (8)

1. Corporation Name
RESOURCE SOLUTIONS AND RECOVERY, INC.

Principal Place of Business
2401 PGA BLVD. SUITE 260
PALM BEACH GARDENS FL 33410

Mailing Address
2401 PGA BLVD. SUITE 260
PALM BEACH GARDENS FL 33410-3515

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

WHEELER, EDWARD J
2401 PGA BLVD, SUITE 260
PALM BEACH GARDENS FL 33410

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

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 the corporation

(If not, Registered Agent signature is required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WHEELER, EDWARD J	4100 NORTH A1A, TREASURE COVE DUNES #413	FT PIERCE FL 34949	☐
STD	JENCHURA, JOHN R	617 SHILLER AVE	MERION STATION PA 19066	☐
D	CORCIA, JOHN T	367 EAGLE DR	JUPITER FL 33477	☒
D	HARTMAN, JOSEPH	6806 WOOD LAKE RD	JUPITER FL 33458	☒
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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; 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

CR2E034 (9/96)