

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

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Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0693543		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. 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 WHEELER, EDWARD J 2401 PGA BLVD, SUITE 260 PALM BEACH GARDENS FL 33410		10. Name and Address of New Registered Agent	
		81 Name Joseph Hartman	
		82 Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd.	
		83 Suite 260	
		84 City Palm Beach Gardens FL	85 Zip Code 33410

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 *Joseph Hartman* **JOSEPH HARTMAN** DIRECTOR DATE **1-21-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHEELER, EDWARD J		1.2 NAME	
STREET ADDRESS 4100 NORTH A1A, TREASURE COVE DUNES #413		1.3 STREET ADDRESS	
CITY-ST-ZIP FT PIERCE FL 34949		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENCHURA, JOHN R		2.2 NAME John R. Jenchura	
STREET ADDRESS 617 SHILLER AVE		2.3 STREET ADDRESS 617 Schiller Avenue	
CITY-ST-ZIP MERION STATION PA 19066		2.4 CITY-ST-ZIP Merion Station, PA 19066	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME JOHN T. CORCIA	
STREET ADDRESS		3.3 STREET ADDRESS 2401 PGA BLVD. STE 260	
CITY-ST-ZIP		3.4 CITY-ST-ZIP PALM BEACH GONS, FL 33410	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE JOSEPH HARTMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME 6606 WOOD LAKE RD	
STREET ADDRESS		4.3 STREET ADDRESS JUPITER, FL. 33458	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *John R. Jenchura* **JOHN R. JENCHURA** DATE **1/16/98** (215) 209-5034

CP2E034 (10/97)