

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90290 003 ***150.00

DOCUMENT # F98000000776

1. Corporation Name

COMPETITIVE RESOURCES INC.

Principal Place of Business

823 VERANDA PL.
CELEBRATION FL 34747

Mailing Address

823 VERANDA PL.
CELEBRATION FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

77-0457680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 533 Greenbrier Ave

Suite, Apt. #, etc.

22

City & State

23 Celebration FL

Zip

24 34747

Country

USA

2a. Mailing Address

26 533 Greenbrier Ave

Suite, Apt. #, etc.

27

City & State

28 Celebration, FL

Zip

29 34747

Country

30 USA

9. Name and Address of Current Registered Agent

RICHARDSON, LAWRENCE S
823 VERANDA PL.
CELEBRATION FL 34747

10. Name and Address of New Registered Agent

81 Name

82 533 Greenbrier Ave

83 533 Greenbrier Ave

84

City

CELEBRATION

FL

85 Zip Code

34747

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME KEMPER, ROBERT C
STREET ADDRESS 11811 OJAI-SANTA PAULA RD.
CITY-ST-ZIP OJAI CA 93023

TITLE DV ☐ DELETE

NAME ANDERS, JOHN
STREET ADDRESS 775 MANCHESTER RD.
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE DS ☐ DELETE

NAME CAHILL, DOUG
STREET ADDRESS 2291 HEBRON AVE.
CITY-ST-ZIP GLASTONBURY CT 06033

TITLE DT ☐ DELETE

NAME RICHARDSON, LAWRENCE S
STREET ADDRESS 823 VERANDA PL.
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 12290 MAC DONALD DR
1.4 CITY-ST-ZIP OJAI, CA 93023

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5521 WINSTON PARK BLVD NORTH # 261
2.4 CITY-ST-ZIP COCONUT CREEK, FL 33073

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 533 Greenbrier Ave
4.4 CITY-ST-ZIP CELEBRATION FL 34747

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-15-99

407-86-8330

Date

Daytime Phone #

CR2E034 (11/98)

0509581