AMENDED

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 DEC 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G45902 (5)

1. Corporation Name
FINANCIAL RESOURCES CONSULTANTS INC.

Principal Place of Business	Mailing Address
1507 HAYWOOD ROAD SUITE C HENDERSONVILLE NC 28739	1507 HAYWOOD ROAD SUITE C HENDERSONVILLE NC 28739

3. Date Incorporated or Qualified: 06/23/1983
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business
21: 5490 So. JASPER WAY
22: Suite, Apt. #, etc.
23: City & State: AURORA, CO
24: Zip: 80015 25: Country

2a. Mailing Address
26: 5490 So. JASPER WAY
27: Suite, Apt. #, etc.
28: City & State: AURORA CO
29: Zip: 80015 30: Country

4. FEI Number: 59-2317063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASMUS, BARRY K CPA
515 NE 101 ST
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MITCHELL, GARY E 1507 HAYWOOD RD, STE C HENDERSONVILLE NC	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRIFFIN, WILLIAM RAY 23 HAMPSTEAD ROAD ASHEVILLE NC	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 4000020404 44---4 -12/30/96--01008--003 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHN C. NOONAN 1995 HUNTERS RIDGE BLOOMFIELD HILLS MI 48013	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRAIG M. ADAMS 18860 MEDFORD BIRMINGHAM, MI 48009	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 12-24-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gary C. Mitchell 12/19/97 303 766 4136
OFFICER OR DIRECTOR — Date — Daytime Phone #