

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G45902** (5)
1. Corporation Name
FINANCIAL RESOURCES CONSULTANTS INC.

Principal Place of Business 5480 SO. JASPER WAY AURORA CO 80015	Mailing Address 5480 SO. JASPER WAY AURORA CO 80015-4228
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1983	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2317063		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee 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	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	
NAME	MITCHELL, GARY E	1.2 NAME	
STREET ADDRESS	1507 HAYWOOD RD, STE C	1.3 STREET ADDRESS	
CITY - ST - ZIP	HENDERSONVILLE NC	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	GRIFFIN, WILLIAM RAY	2.2 NAME	
STREET ADDRESS	23 HAMPSTEAD ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ASHEVILLE NC	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	NOONAN, JOHN F.	3.2 NAME	
STREET ADDRESS	1995 HUNTERS RIDGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD HILLS MI 48013	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	ADAMS, CRAIG M.	4.2 NAME	
STREET ADDRESS	18860 MEDFORD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM MI 48009	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  5/1/97 3037664136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)