


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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90047 009 ***150.00

0543810

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G45902 1. Corporation Name FINANCIAL RESOURCES CONSULTANTS INC.					
Principal Place of Business 5490 SO. JASPER WAY AURORA CO 80015			Mailing Address 5490 SO. JASPER WAY AURORA CO 80015		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1983	
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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ASMUS, BARRY K CPA 515 NE 101 ST MIAMI SHORES FL 33138			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
FL					
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					
TITLE	DPST	<input type="checkbox"/> DELETE			
NAME	MITCHELL, GARY E				
STREET ADDRESS	1507 HAYWOOD RD, STE C				
CITY-ST-ZIP	HENDERSONVILLE NC				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	GRIFFIN, WILLIAM RAY				
STREET ADDRESS	23 HAMPSTEAD ROAD				
CITY-ST-ZIP	ASHEVILLE NC				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

303 766 4136

Daytime Phone #

CR2E034 (11/98)