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

DOCUMENT # G45902 1. Corporation Name

FINANCIAL RESOURCES CONSULTANTS INC.

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

03-30-1999 90047 009 ***150.00



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Principal Place	of Business	Mailing Address	-			-{ LâDQLÂN BAN BÂND DITE EBÎN GONG LIBE DIBE DI L	911 4 28(1 9 191	II ASBEI BIBIE INDI	
5490 SO. JASPER WAY AURORA CO 80015		5490 SO. JASPER WAY AURORA CO 80015				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/23/1983			
2. Principal Pl	2a. Mailing Address	iling Address			4. FEI Number		Applied For		
21		26				59-2317063		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required	
City & State City & State						6. Election Campaign Financing		O May Be	
23	28					Trust Fund Contribution		d to Fees	
Zip	Country 25	Zip 30	Countr	у _		8. This corporation owes the current year Intangible Personal Property Tax. Yes			
24	······································		٦			10. Name and Address of New Registered			
9. Name and Address of Current Registered Agent					Name				
ASMUS, BARRY K CPA				1		(D.C. P., M. aba-i- Nat Associatio)			
515 NE 101 ST			82	2 3	Street Addre	ress (P.O. Box Number is Not Acceptable)			
MIAMI SHORES FL 33138			8:	3					
			84	4 (City		85 Zi	p Code	
					•	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									
	Signature, typed or printed name of registered agent			jent si	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	U DIBEC.	TOPS IN 12	
12.	OFFICERS AND	D DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang		
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NAME	MITOTIEEE, GATTE		1.2 NAME		nnorce				
STREET ADDRESS	•		1.4 C(TY-						
CITY-ST-ZIP			2.1 TITLE	_	-		Chang	e Addition	
NAME	<u> </u>		2.2 NAME		ĺ		_ `		
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NAME	32 N		3.2 NAME	Ε	1			}	
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CITY-ST-ZIP			3.4. CITY-	-ST-Z	ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	pe Addition	
NAME			4. 2 NAME						
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NAME			5.2 NAME					}	
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CITY-ST-ZIP			5.4 CITY-		OP				
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	je ∏Addition	
NAME			6.2 NAME					J	
STREET ADDRESS			6.3 STRE	ETAC	DDRESS			i	

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 feceiver 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 AND TYPED OF

303 766 4136