

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

DOCUMENT # **L32426** (3)

1. Corporation Name

**OPERATIONAL RESOURCE SERVICES, INC.**

Principal Place of Business

Mailing Address

**2810 BLARRITZ DRIVE  
PALM BEACH GARDENS FL 33410  
US**

**2810 BLARRITZ DR  
PALM BEACH GARDENS FL 33410  
US**



3. Date Incorporated or Qualified  
**11/29/1989**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2810 BLARRITZ DR**

4. FEI Number  
**06-1040275**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARING, DONNA  
1551 FORUM PLACE  
SUITE 500A  
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
POSTEN, ROBERT**  
STREET ADDRESS **2810 BLARRITZ DR**  
CITY-ST-ZIP **PALM BCH GARDENS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
POBER, RICHARD**  
STREET ADDRESS **3 SYLVAN ROAD SOUTH**  
CITY-ST-ZIP **WESTPORT CT**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE: **Robert Posten** **ROBERT POSTEN**

**1/10/96** **407-785-3853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)