

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39180 (7)

1. Corporation Name

THE RESOURCEMOBILE, INC.



Principal Place of Business

Mailing Address

395 NW 1ST ST
SUITE 206
MIAMI FL 33128
US

P. O. BOX 1341
MIAMI FL 33101
US

3. Date Incorporated or Qualified

07/18/1990

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0320453

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

BLECHMAN, RACHEL
C/O HOLLAND & KNIGHT
701 BRICKELL AVE., 30TH FLOOR
MIAMI FL 33131

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 617.0502 and 617.1508, 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 617.0503, 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	DV	<input type="checkbox"/> DELETE
NAME	BUSCAGLIA, LYNN	
STREET ADDRESS	162 SHORE DRIVE SOUTH	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICH, NAN	
STREET ADDRESS	2748 PINEHURST DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLECHMAN, RACHEL	
STREET ADDRESS	5250 SW 84TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEASE, JUDY	
STREET ADDRESS	590 MELALEUCA LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TATE, BEVERLY	
STREET ADDRESS	BLDG. 300, 11380 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY, JAMES K.	
STREET ADDRESS	375 NW 122ND ST.	
CITY-ST-ZIP	N. MIAMI FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rachel Blechman	
1.3 STREET ADDRESS	5250 S.W. 84 ST	
1.4 CITY-ST-ZIP	Miami, FL 33143	
2.1 TITLE	Vand President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynn Buscaglia	
2.3 STREET ADDRESS	162 Shore Dr. S.	
2.4 CITY-ST-ZIP	Miami, FL 33133	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Ward	
3.3 STREET ADDRESS	15321 SW 74 PL.	
3.4 CITY-ST-ZIP	Miami, FL 33157	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Norma Kreier CNA-Headstart	
4.3 STREET ADDRESS	395 N.W. 1st St	
4.4 CITY-ST-ZIP	Miami, FL 33128	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr. Blanca Garcia	
5.3 STREET ADDRESS	Suite 200, 10800 Biscayne Blvd.	
5.4 CITY-ST-ZIP	Miami, FL 33161	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Deborah Hoffman	
6.3 STREET ADDRESS	3525 Balfiore Villas Dr	
6.4 CITY-ST-ZIP	Miami, FL 33133	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rachel Blechman
Rachel Blechman

3/14/96

(305) 789-7708

Date

Telephone

CR2E037 (12/95)

N39180

pg 2 of 2

1996 NONPROFIT CORPORATION ANNUAL REPORT (Continuation)

ITEM 13:

Director	Addition
Jocenne Aronson	
118 West DiLido Drive	
Miami Beach, FL 33139	

Director	Addition
W. J. Blechman	
5250 SW 84 Street	
Miami, FL 33147	

Director	Addition
Muriel Lundgren	
Miami Dade Community College	
11380 NW 27th Avenue	
Miami, FL 33167	

Director	Addition
Rhoda O. Siplin	
Suite 335	
1500 Biscayne Blvd.	
Miami, FL 33132	

Vice President	Addition
Beverly Tate	
245 NW 124 Avenue	
Miami, FL 33168	