SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 14 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004409 (8)

1. Corporation Name
CONTRACTORS RESOURCE CENTER, INC.

Principal Place of Business	Mailing Address
3050 BISCAYNE BLVD. SUITE 702 MIAMI FL 33137	3050 BISCAYNE BLVD. SUITE 702 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report:
4. FEI Number: 65-0552602 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAMLER, ELSIE K
3050 BISCAYNE BLVD SUITE 702
MIAMI FL 33137

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 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: ELSIE K. HAMLER — Elsie K. Hamler — June 5/95
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	P	1.1 TITLE	D ☐ Change ☒ Addition
NAME	HAMLER, ELSIE K	1.2 NAME	ROBERT SAUM
STREET ADDRESS	3050 BISCAYNE BLVD.	1.3 STREET ADDRESS	7186 SW 117TH AVENUE
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUCKER, JOE	2.2 NAME	
STREET ADDRESS	665 NW 151ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33169	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMUELSON, KIRK	3.2 NAME	
STREET ADDRESS	8181 NW 154TH ST., SUITE 260	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PIERSON, RANDY	4.2 NAME	
STREET ADDRESS	6600 NW 27TH AVE., SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]	5.2 NAME	
STREET ADDRESS	[illegible]	5.3 STREET ADDRESS	$7/10
CITY-ST-ZIP	[illegible]	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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

SIGNATURE: ELSIE K. HAMLER — Elsie K. Hamler — 6/5/95 — (305) 573-2063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000370