

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUL 29 PM 12:54

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

3. Date Incorporated or Qualified

09/08/1994

4. FEI Number

65-0552602

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME HAMLER, ELSIE K
STREET ADDRESS 3050 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME MOORE, JOHN
STREET ADDRESS 20803 BISCAYNE BLVD #303
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☒ DELETE

NAME SAMUELSON, KIRK
STREET ADDRESS 8181 NW 154TH ST., SUITE 260
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ DELETE

NAME FERNANDEZ, JERRY
STREET ADDRESS 1501 N W 163 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME SAUM, ROBERT
STREET ADDRESS 7186 SW 117TH AVENUE
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME GEORGE, CHARLES
STREET ADDRESS 843 N E 125 ST
CITY-ST-ZIP NORTH MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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*****70.00 *****70.00

☐ Change

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☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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

5/1/98

CR2E037 (10/97)