

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004409

1. Corporation Name

CONTRACTORS RESOURCE CENTER, INC.

Principal Place of Business

3050 BISCAYNE BLVD.
SUITE 702
MIAMI FL 33137

Mailing Address

3050 BISCAYNE BLVD.
SUITE 702
MIAMI FL 33137

99 APR 30 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/08/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0552602
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

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	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMLER, ELSIE K	12 NAME	
STREET ADDRESS	3050 BISCAYNE BLVD	13 STREET ADDRESS	000002861580-5
CITY-ST-ZIP	MIAMI FL 33137	14 CITY-ST-ZIP	-05/04/99-01040-001
TITLE	SD	15 TITLE	*****1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN	21 NAME	
STREET ADDRESS	20803 BISCAYNE BLVD #303	22 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	23 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CLIFTON T JR.	32 NAME	
STREET ADDRESS	6800 N.W. 27TH AVE SUITE W101	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, JERRY	42 NAME	
STREET ADDRESS	1501 N W 163 ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUM, ROBERT	52 NAME	
STREET ADDRESS	7186 SW 117TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, CHARLES	62 NAME	
STREET ADDRESS	643 N E 125 ST	63 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	64 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Elsie K. Hamler

4/29/99 305 573 2063

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