

CORPORATION  
ANNUAL REPORT  
1999



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90008 030 \*\*\*\*70.00

DOCUMENT # N98000004369

1. Corporation Name  
**RESOURCEFULLY YOURS, INC.**

Principal Place of Business  
1511 SW 4 AVE  
DANIA FL 33004

Mailing Address  
1511 SW 4 AVE  
DANIA FL 33004



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0859197 150800	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCMILLIAN, CAROLYN 1511 SW 4 AVE DANIA FL 33004				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				D				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				MCMILLIAN, CAROLYN				1.2 NAME							
STREET ADDRESS				1511 SW 4 AVE				1.3 STREET ADDRESS							
CITY-ST-ZIP				DANIA FL 33004				1.4 CITY-ST-ZIP							
TITLE								2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				Cassandra Weston				2.2 NAME							
STREET ADDRESS				1504 NW 3 COURT 20#2				2.3 STREET ADDRESS							
CITY-ST-ZIP				FT. LAUD, FLA 33311				2.4 CITY-ST-ZIP							
TITLE								3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				Ernestine Bobb				3.2 NAME							
STREET ADDRESS				2651 JACKSON ST				3.3 STREET ADDRESS							
CITY-ST-ZIP				HOLLYWOOD FLA 33020				3.4 CITY-ST-ZIP							
TITLE								4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				Percy - STUBBS				4.2 NAME							
STREET ADDRESS				1509 SW 4 Avenue				4.3 STREET ADDRESS							
CITY-ST-ZIP				DANIA, FLA 33004				4.4 CITY-ST-ZIP							
TITLE								5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE								6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 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: Cassandra Weston 6/18/99 467 3139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)