FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08474 (9)

1. Corporation Name
AIDE MANAGEMENT RESOURCES CORPORATION

Principal Place of Business	Mailing Address
575 S. US HIGHWAY ONE SUITE 402 JUNO BEACH FL 33408 US	300 ARBORETUM PLACE SUITE 500 RICHMOND VA 23235-0030 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1985
3a. Date of Last Report: 04/20/1994

21 2. Principal Place of Business	7108 Fairway Drive
22 Suite, Apt. #, etc.	Suite 250
23 City & State	Palm Beach Gardens
24 Zip / 25 Country	33418 /
26 2a. Mailing Address	
27 Suite, Apt. #, etc.	
28 City & State	
29 Zip / 30 Country	/

4. FEI Number: 54-1037964 ☐ 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
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
BAILEY, THOMAS M. 7108 FAIRWAY DR STE 250 PALM BCH GDNS FL 33418	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	BAKER, J RICHARD	1.2 NAME		
STREET ADDRESS	11320 BUCKHEAD TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLOTHIAN VA	1.4 CITY-ST-ZIP	10244 Osprey Trace, S W. Palm Beach, Fl 33412 ~~23113~~	
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	INGE, ERNEST C III	2.2 NAME		
STREET ADDRESS	39 BALFOUR RD W	2.3 STREET ADDRESS	10933 Egret Pointe Lane	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	W. Palm Beach, Fl 33412	
TITLE	T	3.1 TITLE		☒ Change ☐ Addition
NAME	WRIGHT, HARVEY D JR	3.2 NAME		
STREET ADDRESS	14318 WINTER RIDGE LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLOTHIAN VA	3.4 CITY-ST-ZIP	23139	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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		

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

SIGNATURE: _____ Harvey D. Wright, Jr 4/13/95 804/320-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477A06 PP