

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P08474  
1. Corporation Name

AIDE MANAGEMENT RESOURCES CORPORATION

Principal Place of Business: 7108 Fairway Drive Suite 300 Palm Beach Gardens, FL 33418  
Mailing Address: P. O. Box 35630 Richmond, Virginia 23235

3. Date Incorporated or Qualified: 12/19/1985  
3a. Date of Last Report: 04/19/1995  
4. FEI Number: 54-1037964  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc: 300  
22 City & State: 23  
24 Country: 25 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: Waldrop, Robin 7108 Fairway Drive Suite 300 Palm Beach Gardens, FL 33418

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 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robin Waldrop* Robin Waldrop 7-1-96  
Signature typed or printed name of registered agent and date of appointment. (DATE Registered Agent Signature typed or printed only)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Baker, J. Richard	
STREET ADDRESS	10244 Osprey Trace S	
CITY-ST-ZIP	W Palm Beach, FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	inge, Ernest C III	
STREET ADDRESS	10933 Egret Pointe Lane	
CITY-ST-ZIP	W Palm Beach, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Wright, Harvey D. Jr.	
STREET ADDRESS	14318 Winter Ridge Lane	
CITY-ST-ZIP	Midlothian, VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	200001887142
53 STREET ADDRESS	-07/09/96--01027--030
54 CITY-ST-ZIP	***225.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 (change), or on an attachment with an address.

SIGNATURE: *Harvey D. Wright, Jr.* Harvey D. Wright, JR. 6-28-96 804/320-4800  
Signature typed or printed name of signing officer or director Date District Phone #

CR2E034 (12/95)