

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: 22 300 23 City & State: 24 Country: 25 Zip: 26 Mailing Address: 27 Suite, Apt. #, etc: 28 City & State: 29 Zip: 30 Country

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 City: 84 City: 85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: Baker, J. Richard	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10244 Osprey Trace S	CITY-ST-ZIP: W Palm Beach, FL	2. NAME:	
TITLE: VSD	NAME: nge, Ernest C III	13. STREET ADDRESS:	
STREET ADDRESS: 10933 Egret Pointe Lane	CITY-ST-ZIP: W Palm Beach, FL	14. CITY-ST-ZIP:	
TITLE: T	NAME: Wright, Harvey D. Jr.	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 14318 Winter Ridge Lane	CITY-ST-ZIP: Midlothian, VA	22. NAME:	
TITLE:	NAME:	23. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	24. CITY-ST-ZIP:	
TITLE:	NAME:	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	32. NAME:	
TITLE:	NAME:	33. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	34. CITY-ST-ZIP:	
TITLE:	NAME:	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	42. NAME:	
TITLE:	NAME:	43. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	44. CITY-ST-ZIP:	
TITLE:	NAME:	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	52. NAME:	200001887142
TITLE:	NAME:	53. STREET ADDRESS:	-07/09/96--01027--030
STREET ADDRESS:	CITY-ST-ZIP:	54. CITY-ST-ZIP:	***225.00
TITLE:	NAME:	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	62. NAME:	
TITLE:	NAME:	63. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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

CR2E034 (12/95)