FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000036503 (9)

THE COMMUNICATIONS RESOURCE GROUP, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- I LODALADE IND LOLDO TITAL DEFEC ORNE ODIN KALAD HEEN DENN DIN SEELD LUL LODE			
9900 STIRLING RD. 9900 STIRLING RD.							
SUITE 202		SUITE 202					
COOPER CITY FL 33024		COOPER CITY FL 33024			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 05/20/1993 		
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0414706	Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zin Coupley		28		Trust Fund Contribution	Added to Fees		
i win	Country	Zip	Counti	У	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
<u> </u>	9, Name and Address of Currer		13-1		10. Name and Address of New Registers	ed Agent	
CO	LODNY, JOHN D		8	Name			
99		_					
	ITE 202		6:	Street A	Address (P.O. Box Number is Not Acceptable)		
	OPER CITY FL 33024		6	-		· · · · · · · · · · · · · · · · · · ·	
·			84	City		85 Zip Code	
					F	·	
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 of the purpose of changing its registered of the purpose of the appointment as registered of the appointment a							
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 Signature, typod or printed name bi registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	OP .	DELETE	1.1 TITLE	1		Change Addition	
NAME	COLODNY, JOHN D		1,2 NAME	i			
STREET ADDRESS	9900 STIRLING RD., STE. 20	2	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33024		1.4 CITY				
TITLE		DELETE	2.1 TITLE	<u> </u>		Change Addition	
NAME		-	2.2 NAME			_ •	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2.4 CITY				
TITLE		DELETE	3.1 TITLE	-SI-ZIF		Change Addition	
NAME			3.2 NAME			onengo natition	
STREET ADDRESS				T ADDRESS			
CITY+ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		Change Addition	
		C) VILLE		.		Chaute Chyndigon	
NAME			4. 2 NAMI				
STREET ADDRESS				T ADDRESS			
CITY+ST-ZIP		☐ DELETÉ	4.4 CITY-	ST-ZIP		Change Addition	
TITLE		□ nettit	5.1 TITLE]		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS		ļ	
CITY-ST-ZIP			54 CITY-	ST-ZIP			
TITLE		☐ DELETÉ	61 TITLE			Change Addition	
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREE	T 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(17) (18) 959-43(-3500)