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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000079092 (1)

DOCUMENT # 1. Corporation Name	P93000079
COMBINED RESOU	RCES CORPORATION

Principal Place	of Business	Mailing Address		···		
4336 FOREST HILL BLVD. SUITE 131 WEST PALM BEACH FL 33406		4336 FOREST HILL BLVD. SUITE 131				
			WEST PALM BEACH FL 33406		3. Date Incorporated or Qualified	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 65-0457372	Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #. etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ 24	Country 25	Ζιρ 29	Country 30			
	9. Name and Address of Curre	ent Registered Agent		1	10. Name and Address of New F	legistered Agent
			81	Name		
HOWARD, HEATHER 4336 FÜREST HILL BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 131 West Palm Beach FL 33406			83			
WEST	HEM BENOTITE SOTO		84	City		FL 85 Zip Code
or registere	o the provisions of Sections 607.050 ed agont, or both, in the State of Flo n, and accept the obligations of, Sec	rida. Such change was authorize	ed by the corp	named corpor poration's boa	ration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _			. بدید دد پدی			
	Signature, typed or printed name of registeral age	**** **********************************	Te: Registered Age	of Signature require	ADDITIONS/CHANGES TO OFF	DATE
12.	DEFICERS A	ND DIRECTORS	1.3. 1.13ftf		ADDITIONS CHANGES TO OFF	Change Addition
TITLE	HOWARD, HEATHER	[] Official				
NAME	4336 FOREST HILL BLVD.,	CTE 191	1 2 NAME	1.1000:50		
STREET ADDRESS	W. PALM BCH. FL	OIL. 131		LADDRESS		
CITY-ST-ZIP	VIS	DELETE	1.4 Cily -: 2.1 T-TLE			Change Addition
TITLE	HOWARD, DAVID	Z. Coccen				
NAME	4336 FOREST HILL BLVD.,	CTE 121	2.2 NAME			
STREET ADDRESS	W. PALM BCH. FL	OIL: ISI		TADDRESS		
CITY-ST-ZIP	TT. FALM DOTI. FL	☐ DELETE	240114-			Change Addition
TITLE			3 1 TITLE			Change Addition
NAME			3.2 NAME	i i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CHTY - 4.1 TITLE			Change Addition
TITLE		L. Decent				
NAME			4.2 NAME		4000017: -04/29/96010	99534
STREET ADDRESS				T ADDRESS		089035
CITY - ST - ZIP		DELETE	4.4 CITY -	51 · ZIP	***200 , 00	☐ Change ☐ Addition
TITLE			5 1 THILE			ET CHANGE THE MORNEY
NAME			5 2 NAME	- 1		
STREET ADDRESS				I ADDRESS		
CITY - ST - ZIP		☐ DELETE	5.4 CITY -			☐ Change ☐ Addition
TITLE		[] DETEIL	6 1 TITLE			File custings File Montton
NAME			6.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY - ST - ZIP			6.4 Crt Y -	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 if changed, or on an attachment with an address.

SIGNATURE:

- I MAANAAN INA KOIRA IIHHI AANKI ABNIK ABNIK BANIN KARI KARII RENI RAHAA IRIHA KARI HIBI KARI