

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

FILED  
May 08 1998 8:00am  
Secretary of State

DOCUMENT # P94000051354 (6)

1. Corporation Name

FINANCIAL RESOURCES, INC.



Principal Place of Business

Mailing Address

1316 WHISPERING LN  
VENICE FL 34292  
US

1316 WHISPERING LN  
VENICE FL 34292  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2100 Cambridge Dr  
Suite, Apt. #, etc.

22

City & State

23 Venice, FL

Zip

24 34293

Country

2a. Mailing Address

26 2100 Cambridge Dr  
Suite, Apt. #, etc.

27

City & State

28 Venice, FL

Zip

29 34293

Country

30

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

65-0508832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOWARD, JOHN  
1316 WHISPERING LN  
VENICE FL 34292

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
HOWARD, JOHN  
STREET ADDRESS 1316 WHISPERING LN  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME VP  
HOWARD, LINA  
STREET ADDRESS 1316 WHISPERING LN  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 2100 Cambridge Dr.  
14 CITY-ST-ZIP Venice, FL 34293

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 2100 Cambridge Dr.  
24 CITY-ST-ZIP Venice, FL 34293

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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

*[Signature]*

4-30-98

CR2E034 (10/97)