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 # **P94000083115 (3)**

1. Corporation Name

PDI RESOURCES OF FLORIDA, INC.

Principal Place of Business

5725 CORPORATE WAY
SUITE 204
WEST PALM BEACH FL 33407
US

Mailing Address

5725 CORPORATE WAY
SUITE 204
WEST PALM BEACH FL 33407
US

2. Principal Place of Business

21 1645 Palm Beach Lakes Blvd
Suite, Apt. #, etc.
22 Ste. 300
City & State
23 West Palm Beach, FL
Zip 24 33401
Country 25 USA

2a. Mailing Address

26 1645 Palm Beach Lakes Blvd
Suite, Apt. #, etc.
27 Suite 300
City & State
28 West Palm Beach
Zip 29 33401
Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/09/1994

3a. Date of Last Report: 03/27/1995

4. FEI Number: APPLIED FOR 65-0591167 [ ] Applied For [ ] Not Applicable

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

9. Name and Address of Current Registered Agent

SEARING, FRANCIS
~~5725 CORPORATE WAY~~ 1645 Palm Beach Lakes Blvd.
~~SUITE 204~~ Suite 300
~~WEST PALM BEACH FL 33407~~ West Palm Beach, FL 33401

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 Frank Searing, President — 4/1/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required for registering or resigning) — Date

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	SEARING, FRANCIS	
STREET ADDRESS	5725 CORPORATE WAY, STE. 204	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	BC	[ ] DELETE
NAME	GEHRING, KURK	
STREET ADDRESS	5725 CORPORATE WAY, STE. 204	
CITY-ST-ZIP	WEST PALM BEACH 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

1.1 TITLE	President	[✓] Change [ ] Addition
1.2 NAME	Frank Searing	
1.3 STREET ADDRESS	1645 PALM BEACH LAKES BLVD, STE 300	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401-2216	
2.1 TITLE	Vice President	[✓] Change [ ] Addition
2.2 NAME	Frank Searing	
2.3 STREET ADDRESS	1645 PALM BEACH LAKES BLVD, STE 300	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33401-2216	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Frank Searing, President — 4/1/96 — (407) 688-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)