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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000007177 (5) DOCUMENT #

١.	Corporation Name	
	DIRECT RESOURCE MANAGERS, I	NC.

		•						
Principal Place o	of Business	Mailing Address	t iediidəl iid ibibi bilii duilt do	(4) 46 316 68 511 50 111 1 88 01 11	# 11			
3706 N. OCEAN BLVD. SUITE 220 FT. LAUDERDALE FL 33708		SUITE 220	3706 N. OCEAN BLVD. SUITE 220 FT. LAUDERDALE FL 33708					
		FI. LAUDENDALC			 Date incorporated or Qualified 01/27/1995 	3a. Date of Last	·	
2. Principal Pla	ce of Business	2a. Mailing Address	j	ĺ	4. FEI Number		Applied For	
21			[26]		65-0549973	¢0 •	Not Applicable	
Suite, Apt. #, etc.		ļ	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	75 Additional e Required	
City & State		City & State			6. Election Campaign Financing		.00 May Be	
23		28			Trust Fund Contribution		ded to Fees	
Zφ	Country	Zip	Country		8. This corporation has liability for	. •	s 199,032,	
24	[25]	29	30	1		es []No		
·	9. Name and Address of Curre	ant Registereo Agent	81		10. Name and Address of New	negistered Agent		
, corpor	MATION INCODMISTION CONSC	SEC INC	1.1,	Williar	m L Rountree			
1201 HA	RATION INFORMATION SERVIC	ES, INC.	110.		t Address (P.O. Box Number is Not Acceptable) O6 N. Ocean Blvd., Suite 220			
	15 51. ASSEE FL 32301		83	3/Ub N	. Ocean Bivo.,	Suite ZZU	***************************************	
IALUANA	ISSEE PL 32301							
			84	City The Tax	uderdale		Zip Code 3308	
11. Pursuant to	o the provisions of Sections 607.05(02 and 607.1508, Florida S	Statutes, the above na	anned corporation	on submits this statement for the p	ourpose of changing it	s registered office	
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo h, and accept the obligations of, Se	irida. Such change was aut	thorized by the corporatutes	ration's board o	of directors. I hereby accept the a	opointment as régister	ed agent. I am	
N	XI. J. J. L. A.	1111 110:	11:	Boney	ture Parecheni	5/0/9	4	
SIGNATURE	Signature Typod or printed rame of registered age	ent and title if applicable.	(NOTE Registered Agent:	signature required wh	hon renstating)	DA	7	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	***************************************		
TITLE		DETELE	1. 1 71TLE	P,		Chang	ge 🔀 Addition	
NAME			1.2 NAME		lliam L. Rountr			
STREET ADDRESS			1.3 STREET A	T)	19 S.E. 8th St.			
CITY - ST - ZIP		Fabrita	*.4 CITY-ST	S POI	mpano Beach FL	33062	n Da Addition	
TITLE		[]] DEFELE			rbara Mulligan	Chang	ge 🔀 Addition	
NAME			2.2 NAME 2.3 STREET A	One	e Bank Street,	3rd Floor		
STREET ADDRESS			2.3 STREET A	Ca.	ithersburg MD	20878		
CITY-ST-ZIP TITLE	ļ	[7] DELETE		7.5		Chang	ge [] Addition	
NAME	1	L ,	3.2 NAME					
STREET ADDRESS			3.3. STREET	ADDRESS				
CITY-ST-ZIP			3.4 CHTY-ST	-7IP				
TITLE		DELETE	4.1 TITLE			☐ Chang	ge [_] Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET A	ADDRESS				
CITY-SY-ZIP		PAG	4.4 CITY - ST	- ZIP			Page 1 days	
TITLE		DELETE		}	1000018 -05/24/9601	: ₩ (125 L.) LII (120) : 0.25 L 0.0 A	ge [_] Addition	
NAME			5.2 NAME		***200.00	1025==004		
STREET ADORESS	 		5.3 STREET A		*** <u>*</u> 200.00			
CITY-ST-ZIP TITLE		[DELETE	54CITY-ST 6 1 TITLE	1 · ZIP		[] Chang	ge [] Addition	
NAME		L. John	62 NAME			L.J Vilan	je L Hoomest	
STREET ADDRESS			63 STREET A	ADDRESS				
City-ST-ZIP			64 CITY-ST					
14. I do hereb	I y certify that the information supplied	d with this filing is voluntari	ly furnished and does	not qualify for	the exemption stated in Section 1	19.07(3)(k), Florida Sta	atutes. I further	
certify that oath, that I	í the information indicated on this an Lam an officer or director of the con a Block 12 or Block 13 if changed, o	nnual report or supplementa poration or the receiver or t	al ennual report is true	e and accurate.	and that my signature shall have t	he same legal effect a	as if made under	
SIGNAT	URE: WHEN A	OR PHINTED NAME OF SIGNING	William OFFICER OR DIRECTOR	l. Roun	Tend Ansikovi and Ansikovi	303 93 Dayting Ph	18 0044 \$ 112 10	