

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000019847 (9)
 1. Corporation Name
TEKRESOURCE SERVICE CORPORATION



Principal Place of Business 118 N. BEACH STREET DAYTONA BEACH FL 32114	Mailing Address P O BOX 2266 DAYTONA BEACH FL 32115 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1995		4. FEI Number 54-1733133		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 123 N. Orchard St. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 516 Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 Bldg. 1 Suite C-0	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Ormond Beach, FL	28 Ormond Beach, FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 32174-4474	25 USA	29 32175-0516	30 USA	

9. Name and Address of Current Registered Agent PETERSON, D AVID A 658 RIVERSIDE DR HOLLY HILL FL 32117		10. Name and Address of New Registered Agent		
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 1305 Oakforest Dr.		
83		84 City Ormond Beach FL 85 Zip Code 32174		

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PETERSON, KRISTA A		1.2 NAME	
STREET ADDRESS 558 RIVERSIDE DRIVE		1.3 STREET ADDRESS 1305 Oakforest Dr.	
CITY-ST-ZIP HOLLY HILL FL 32117		1.4 CITY-ST-ZIP Ormond Beach, FL 32174	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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: *[Signature]* **3-12-98 (904) 258-2820**

CR2E034 (10/97)