

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019894 (1)

1. Corporation Name

FIRST ANNUAL REPORTS, INC.

(A WHOLLY OWNED SUB OF PROPERTY

Principal Place of Business

Mailing Address

RESOURCES CORP

125 BRAZILIAN AVENUE
PALM BEACH FL 33480

125 BRAZILIAN AVENUE
PALM BEACH FL 33480

FILED

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SECRETARY OF STATE



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1995		3a. Date of Last Report	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 65-0561854		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BAGBY, MARTHA
125 BRAZILIAN AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 type or print name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BAGBY, MEREDITH	12 NAME	
STREET ADDRESS	125 BRAZILIAN AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	14 CITY-ST-ZIP	000001946110
TITLE	<input type="checkbox"/> DELETE	21 TITLE	-09/12/96 --01097--001
NAME	D BAGBY, MARTHA	22 NAME	****233.75 ****233.75
STREET ADDRESS	125 BRAZILIAN AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BAGBY, JOSEPH R	32 NAME	
STREET ADDRESS	125 BRAZILIAN AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH R. BAGBY

6/24/96

407
655-9510

CR2E034 (3/96)