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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23 1997 8:00am Secretary of State

DOCUMENT #	P95000021408	6	١
. Corporation Name	PSOUDOL ITUO	V,	,

POSITIVE LIVING RESOURCES, INC. Mailing Address Principal Place of Business 6016 WESTGATE DR **8016 WESTGATE DR** SUITE 303 SUITE 303 ORLANDO FL 32835 ORLANDO FL 32835-2061 3. Date incorporated or Qualified 3a. Date of Last Report 03/16/1995 06/27/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 59-3304357 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **AMERILAWYER** 343 ALMERIA AVE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 to give its hyprinical printed har it of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change 1.3 TITLE TITLE SIEGEL, ANDREW R 1.2 NAME NAME **6016 WESTGATE DRIVE 303** 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - S1 - ZIF 1.4 CiTY - ST-ZIP THE DELETE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition Change THE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - St - 7IP 3.4. CITY-ST-ZIP Change DELETE onitibhA THE 4.1 TITLE 4. 2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition 1611 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP OTY ST-7-P DELETE 61 TITLE Change Addition TIT,F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

14. Ido 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.