

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041433

1. Corporation Name
COMMUNICATION RESOURCES, INC.

Principal Place of Business
2806 N.E. 12TH STREET
POMPAÑO BEACH FL 33062

Mailing Address
2806 N.E. 12TH STREET
POMPAÑO BEACH FL 33062

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RETTSTADT, RICHARD
2806 N.E. 12TH STREET
POMPAÑO BEACH FL 33062

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

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent's name is not required for this filing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
RETTSTADT, RICHARD
2806 N.E. 12TH ST.
POMPAÑO BEACH FL 33062

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
O'LEARY GEORGE
1001 NW 62ND ST, SUITE 200
FT LAUDERDALE FL

[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

[] Change [] Addition

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1995

4. FLE Number

65-0627723

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 owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

700002822617--6

03/29/99--01144--006

****150.00 ****150.00

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

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