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

PROFIT* CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #	P95000092052	(6)

DOCUMENT # P950000	092052 (6)			
RESOURCE DEVELOPMENT GROUP	, INC.		(1)	
Principal Place of Business	Mailing Address		. Della dolla fiblik digih dahak bikke kigi kegi	
3922 BELL GRANDE DRIVE VALRICO FL 33594 3922 BELL GRANDE DRIVE VALRICO FL 33594				
Vsame	7	3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report NOT ARPLICARI	
2. Principal Place of Business 21 3922 BELL GRANDE	2a. Mailing Address SAME	4. FEI Number	Applied For	
Suite, Apt. #, etc.			Not Applicable	
22	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State VALRICO FL	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
ZIP 33594 Country SA	Z iρ Country 29 30	8. This corporation has liability for i	intangible tax under s. 199.032,	
9. Name and Address of Current R	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R		
PULL PRIADULE	81 Name			
RYAN, PRISCILLA A 3922 BELL GRANDE DRIVE	82 Street	Address (P.O. Box Number is Not Acceptable)		
VALRICO FL 33594	83			
7				
~	84 City		FI 85 Zip Code	
Pursuant to the provisions of Sections 607.0502 and or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed having of registered agent and 12. OF FICERS AND D.	607.0505, Florida Statutes. Libic 4 applicable (NOTE Registerer Agent sgreture fin) IRCCTORS 13.	roulle a kyr.	DINTMENT AS registered agent. I am MAY 96 DATE	
PREGIOENT	DELETE 1.1 TITLE		Change Addition	
NAME ROBIN ROOD STREET ADDRESS 4250 1945 WAY	1.2 NAME			
	1			
TITLE VICE PRESIDENT	DELETE 2 1 TILE		Change Addition	
NAME PRISCULA A. RY	AN 22 NAME		C cuange C vocinon	
STREET ADDRESS 3922, BELL GRAA	VOE DR. 23 STREET ADDRESS			
CITY-ST-ZIP VALRICO PC	33594 24 CHY- ST-ZIP			
TITLE SEORETARY	DELETE 3 1 TITLE		Change Addition	
NAME PRISCUA A	WOO BO . 32 NAME			
	33.594 33. STREEL ADDRESS			
CITY-ST-ZIP VAURICO FL	340:11-31-71			
	RYAN 4.17THE	•	Change Addition	
STREET ADDRESS 3982 BELL GRA	= 7.7 t 1	i		
	NO DR. 4.2 NAME	ı		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NOE DIR. 4.3 STREET ADDRESS			
CITY-ST-ZIP VALRICO, PC	1 NOE DR. 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-7IP DELETE 5.1 TITLE		Change Addition	
CITY-ST-ZIP VALRICO PC TITLE REGISTERED ABOUT NAME PRISCILLA A. A.	33594 44 CITY - ST - ZIP DELETE 5.1 TITLE YAN 52 NAME	10000105		
CITY-ST-ZIP VALRICO PC TITLE REGISTERED AGONT NAME PRISCILLA A. A. STREET ADDRESS 3993 BCU GRAPA	33594 44 CITY-ST-ZIP DELETE 5.1 TITLE \$2 NAME 5.3 STREET ANDRESS	10000185 -06/04/96011		
CITY-ST-ZIP VALRICO PC TITLE REGISTEREO AGONT PRISCILLA A. A. STREET ADDRESS CITY-ST-ZIP VALRICO PC 3990 STREET ADDRESS CITY-ST-ZIP VALRICO PC 3	33594 44 CITY-S1-7IP 5.1 TITLE 52 NAME 53 STREE1 ADDRESS 54 CITY-S1-7IP	1 00001 65 -06/04/960113 ***225,00		
CITY-ST-7IP VALRICO PC TITLE REGISTERED AGOUT PRISCILLA A. A. STREET ADDRESS CITY-ST-7IP VALRICO TITLE FNCBRPDARTOR	73594 44 CITY-S1-7IP DELETE 5.1 TITLE 52 NAME 53 STREET ADDRESS	1 0000 1 65 -06/04/960113 ***225,00		
CITY-SI-7IP VALRICO PC TITLE REGISTERSO AGONT NAME PRISCILLA A. A. STREET ADDRESS 3983 BEW GRAND CITY-SI-7IP VALRICO PC TITLE FNCORPORATOR NAME PRISCILLA A. RY.	33594 44 CITY-S1-7IP 5.1 TITLE 52 NAME 53 STATE1 ADDRESS 54 CITY-S1-7IP DELFTE 61 TITLE 62 NAME	1 0000 1 65 -06/04/960113 ***225,00	0451 3300 \$	
CITY-ST-7IP VALRICO PC TITLE REGISTERED AGOUT PRISCILLA A. A. STREET ADDRESS CITY-ST-7IP VALRICO PC 3990 BEW GRAND TITLE FNORPORATOR NAME PRISCILLA A. RY	33594 44CITY-S1-7IP 5.1TITLE 52NAME 533594 54CITY-S1-7IP 61TITLE	1 0000 1 85 -06/04/96011; ***225,00	0451 3300 \$	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Desprise Prioric

SIGNATURE: