

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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **995 000092824**
1. Corporation Name
RESIDENTIAL CARE RESOURCE NETWORK, INC.

Principal Place of Business: **P.O. Box 547188 ORLANDO, FL 32854**
Mailing Address: **SAME AS** ←

2. Principal Place of Business: **1740 PALMER AVENUE**
2a. Mailing Address: **P.O. BOX 533921**
21. City & State: **WINTER PARK FL.**
22. Zip: **32789** Country: **U.S.A.**
23. City & State: **ORLANDO, FL.**
24. Zip: **32789** Country: **U.S.A.**
25. Zip: **32853-3921** Country: **USA**

3. Date Incorporated or Qualified: **12/95**
3a. Date of Last Report: **12/95**
4. FEI Number: **59-3369911**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CSC
The U.S. Corporation Company
1201 Hays Street
Tallahassee, FL. 32301**

10. Name and Address of New Registered Agent
81. Name: **THOMAS J. CAMPBELL**
82. Street Address (P.O. Box Number is Not Acceptable): **1740 Palmer Avenue**
83. City: **Winter Park** FL 85. Zip Code: **32789**

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: *Thomas Campbell* **PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS J. CAMPBELL	1.2 NAME	
STREET ADDRESS	1740 PALMER AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC L. WINGS	2.2 NAME	THOMAS J. CAMPBELL
STREET ADDRESS	1020 W. PRINCETON ST	2.3 STREET ADDRESS	1740 PALMER AVENUE
CITY-ST-ZIP	ORLANDO, FL. 32804	2.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS J. CAMPBELL	3.2 NAME	
STREET ADDRESS	1740 PALMER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL. 32789	3.4 CITY-ST-ZIP	
TITLE	TREASURER <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS ERIC L. WINGS	4.2 NAME	THOMAS J. CAMPBELL
STREET ADDRESS	1020 W. PRINCETON ST	4.3 STREET ADDRESS	1740 PALMER AVENUE
CITY-ST-ZIP	ORLANDO, FL. 32804	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
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	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Thomas Campbell* **THOMAS J. CAMPBELL** 4/22/97 (407) 894-4091

CR2E034 (9/96)