

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093525 (0)

1. Corporation Name

RESOURCE 2000, INC.

Principal Place of Business

PO BOX 145396
CORAL GABLES FL 33114

Mailing Address

PO BOX 145396
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

65-0645102

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

LESTER, PAUL A
2005 BISCAYNE BLVD
SUITE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	1.1 TITLE	D/C/S
NAME	LUHM, FRED E	1.2 NAME	
STREET ADDRESS	PO BOX 145396 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33114	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	
NAME	MCGOWAN, MICHAEL J	2.2 NAME	
STREET ADDRESS	10998 NW 1ST MANOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D/V/T
NAME		3.2 NAME	Robert L Brown
STREET ADDRESS		3.3 STREET ADDRESS	644 Alhambra Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		4.1 TITLE	Joe D/V
NAME		4.2 NAME	Joseph Hessel
STREET ADDRESS		4.3 STREET ADDRESS	201 SW 10 Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

Fred E. Luhm
Signature, typed or printed name of signing officer or director

Chairman

Date

1/5/98

305 374 9100

Daytime Phone #

0100506

CR2E034 (10/97)