

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000013680 (9)**

1. Corporation Name
RESTORATION SOLUTIONS, INC.

Principal Place of Business 5320 MCINTOSH POINT SANFORD FL 32773	Mailing Address P.O. BOX 2576 SANFORD FL 32772-2576
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2. Principal Place of Business 21 595 FAWN TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/08/1996	3a. Date of Last Report N/A
22 City & State 23 OSTEEN FL		27 City & State 28		4. FEI Number 59-3370514	Applied For Not Applicable
24 Zip 32764		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**O'BRIEN, CHARLOTTE M
5320 MCINTOSH POINT
SANFORD FL 32773**

10. Name and Address of New Registered Agent

81 Name O'BRIEN, CHARLOTTE M
82 Street Address (P.O. Box Number is Not Acceptable) 595 FAWN TRAIL
83
84 City OSTEEN
85 Zip Code FL 32764

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

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MARK D O'BRIEN	
1.3 STREET ADDRESS 595 FAWN TRAIL	
1.4 CITY-ST-ZIP OSTEEN FL 32764	
2.1 TITLE SECY/TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CHARLOTTE O'BRIEN	
2.3 STREET ADDRESS 595 FAWN TRAIL	
2.4 CITY-ST-ZIP OSTEEN FL 32764	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Charlotte O'Brien** **SECY/TREAS**

Date: **4/30/97** Daytime Phone: **407 322 1040**

CR2E034 (9/96)