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

**PROFIT CORPORATION** ANNUAL REPORT 1997

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000031244 (2)

FIRST RESOURCE MARKETING, INC.

Principal Place of Business Mailing Address 1141 EMERALD DRIVE 1141 EMERALD DRIVE SINGER ISLAND FL 33404 SINGER ISLAND FL 33404-2718 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0658186 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζιp Country This corporation has liability for intangible tax under s. 199.032, 24 🔼 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HACKETT, JAMES W 1141 EMERALD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SINGER ISLAND FL 33404 83 84 City 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 Fingistered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) PRESIDENT TITLE DELETE 1.1 TITLE Change Addition JAMES W. HACKETT NAME 1.2 NAME INI EMERALD DRIVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHTY - ST - ZIP Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

STREET ADDRESS

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 15 of changed, or on an attachment without address.

6 1 TITLE

6.2 NAME

DELETE

Addition C5

FILED

Jun 05 1997 8:00am

Secretary of State