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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079612 (3)

PROJECT RESOURCE CENTER, INC.

FILED Apr 09 1998 8:00am Secretary of State

|--|

Principal Place of Business 7154 N UNIVERSITY DRIVE STE #313 TAMARAC FL 33321 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State		Mailing Address 7154 N UNIVERSITY DRIVE STE #313 TAMARAC FL 33321 US 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1996 4. FEI Number 65-0694242 5. Certificate of Status Desired \$8.75 Additional Fee Required			
23	in the state of th	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip 24	Country 25 9. Name and Address of Curren		Country 30		This corporation owes or has paid the opersonal Property Tax due June 30. Name and Address of New Registers	Yes	
11. Pursuant office or agent 1 a	GG, HOWARD R 52 CORAL SPRINGS DRIVE DRAL SPRINGS FL 33065 to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the oblige	of Florida. Such change was a	uthorized by	City e-named cor	Iress (P.O. Box Number is Not Acceptable) For a submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its re	egistered
SIGNATURE	Signature, typed or pointed name of registered ago		. Registered Age	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	D BAGG, HOWARD R 3652 CORAL SPRINGS DRIVE CORAL SPRINGS FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S			[_] Change [_] Addition
TITLE NAME STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		Change [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-5	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS		☐ Change L	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS		☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S	ADDRESS			Addition
14. I hereby indicated officer or Block 12	certify that the information supplied with this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an attack.	In this filing does not qualify fo annual report is true and acci iver or trustee empowered to a hment with an and process.	or the exemp urate and the execute this	tion stated in at my signat report as rec	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and t	certify that the infunder eath; that I at my name appea	iormation am an ars in

R. BAGG