FILED FILE NOW: FILING FEE AVER MAY 1 IS \$550.00 Feb 07 1997 8:00am CORPORATION FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Secretary of State Sandra B. Mortham 1997 Secretary of State ATIONS OCUMENT # P96000088741 (9) RUSSO FINANCIAL RESOURCES, INC. **Principal Place of Business** Mailing Address 4107 WEST HORATIO 4107 WEST HORATIO TAMPA FL 33609 TAMPA FL 33609-3853 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable Sufte, 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 Country Country 8. 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 CHASE, JAMES L 101 EAST GOVERNMENT STREET 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City 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 egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hame of registered agent and lifle if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITE F 1.1 TITLE Change Addition YRUG. MAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZI 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETÉ 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE 600002081396 -02/07/97--01048--010 HALAF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. To 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 12 or Changed, or on an attachment with an address.

TERRYL. RUSSO

***165.00

20

CITY-ST-ZIP

SIGNATURE:

(96/6)

813-289-0139