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FLORIDA DEPARTMENT OF STATE

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Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

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RESULTS CAPITAL GROUP INC.

Principal Place of Business Mailing Address 512 OVERLOOK DR 512 OVERLOOK DR NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33406-3722 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-07/4773 4205 BROADWAY 4305 BROADWAY 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Y Trust Fund Contribution Added to Fees B. This corporation has liability for intangible tax under s. 199.032, TALM BEACH 29 Yes Florida Statutes **☑** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 Zip Code 84 City 85 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 still it applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE WEBB, DAVID L NAME 1.2 NAME 512 OVERLOOK DR STREET ADDRESS 1.3 STREET ADDRESS M. 3340 NORTH PALM BEACH FL 33408 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - SY - ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAM€ 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. If 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