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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099053 (6)

THE RE	SOURCE GROUP, INC.	(3)		 	
Principal Place of Business         Mailing Address           435 EAST SR-434         435 EAST SR-434           SUITE 300         SUITE 300           LONGWOOD FL 32750-5219         LONGWOOD FL 32750-5219					
				3. Date Incorporated or Qualified 3 12/05/1996	a. Date of Last Report
<del>,</del>	Place of Business	2a. Mailing Address	11 14 4 A A A A A A A A A A A A A A A A	4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3413798	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution L.  8. This corporation has liability for intan	713400101000
24	25		30		s No
HOE	9. Name and Address of Curren	nt Registered Agent	81 Name	10, Name and Address of New Registr	ered Agent
	OGES, GEORGE EAST SR-434				
SUITE 300			82 Street /	Address (P.O. Box Number is Not Acceptable)	
LONGWOOD FL 32750-5219			83		
			84 City	The state of the s	85 Zip Code
44 Durquant	to the provinces of Continue CO7 OF	27 and 607 4500 514 de 044 4			
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Florida.	is, the above-named uthorized by the corp rida Statutes.	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	ose of changing its registered of changing its registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO1)	- Registered Agent signature	required when reinstation ( )	VIF
12.	OFFICERS AN	D DIRECTORS	18.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D D	☐ DELETE		SECRETARY	X Change Addition
NAME OTDSST ADDDSSO	HORGES REDGRAM 436 BAST SRHSK			DEBORAH HODGES	
STREET ADDRESS CITY-ST-ZIP	LONGWOOD FL 32750-5219			435 EAST SR 434, SUITE 30	00
TITLE		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	LONGWOOD, FL 32750-5219 PRESIDENT, TREASURER	Change X Addition
NAME			2.2 NAME	GEORGE HODGES	
STREET ADDRESS			2.3 STREET ADDRESS	435 EAST SR 434, SUITE 30	00
CITY-ST-ZIP		Deceme		LONGWOOD, FL 32750-5219	
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 11TLE		Change Addition
NAME		•	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZiP		Dobert Distance
NAME		בַן טננדונ	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 eath, 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: Deparan Hoper Dearbou Hopers

4-21-97

(407) 830-6773

**FILED** 

Apr 28 1997 8:00am

Secretary of State