

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 27 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000076845 (1)
 1. Corporation Name
 PROFESSIONAL RESOURCE CONSULTANTS, INC.



Principal Place of Business: 2565 NE 206 LN, AVENTURA FL 33180
 Mailing Address: 2565 NE 206 LN, AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 09/05/1997

2. Principal Place of Business
 21 1021 1465 DAIRY ROAD
 Suite, Apt. #, etc.
 22 SUITE 117
 City & State
 23 N. MIAMI BEACH FL
 Zip Country
 24 33179 25 USA

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number: 65-0779537
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 AMERILAMMER CHARTERED
 340 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name: ~~AMERILAMMER~~ MARCIA SALTZ
 82 Street Address (P.O. Box Number is Not Acceptable): 2565 N.E. 206 LANE
 83 City: AVENTURA
 84 City: AVENTURA FL 85 Zip Code: 33180

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: Marcia Saltz DATE: 8/17/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	SALTZ, MARCIA A	
STREET ADDRESS	2565 NE 206 LN	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	BY	<input type="checkbox"/> DELETE
NAME	COLLINS, WENDY A	
STREET ADDRESS	2565 NE 206 LN	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SALTZ, MARIAN B	
STREET ADDRESS	2565 NE 206 LN	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARCIA SALTZ	
1.3 STREET ADDRESS	2565 N.E. 206 LANE	
1.4 CITY-ST-ZIP	AVENTURA FL 33180	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLLINS, WENDY	
2.3 STREET ADDRESS	1021 1465 DAIRY ROAD SUITE 117	
2.4 CITY-ST-ZIP	N.M.B., FL 33179	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHIRLEY PERLMAN	
3.3 STREET ADDRESS	4000 ISLAND BLVD SUITE 306	
3.4 CITY-ST-ZIP	AVENTURA FL 33160	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 13 if changed, or on an attachment with an address.
 SIGNATURE: Marcia Saltz, President DATE: 8/17/98 305-935-8986

CR2E034 (5/98)