

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000080311 (8)

1. Corporation Name

STRATEGIC RESOURCE GROUP, INC.

Principal Place of Business

11080 SW 11 PLAE
FT LAUDERDALE FL 33324

Mailing Address

11080 SW 11 PLAE
FT LAUDERDALE FL 33324

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

27 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

28 Mailing Address

29 City & State

30 Zip

31 Country

9. Name and Address of Current Registered Agent

BARNES, WILLIAM D
11080 SW 11 PLAE
FT LAUDERDALE FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> 1.1 TITLE <input checked="" type="checkbox"/> 1.2 NAME <input checked="" type="checkbox"/> 1.3 STREET ADDRESS <input checked="" type="checkbox"/> 1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> D, P, S, T <input checked="" type="checkbox"/> 11080 SW 11 PLACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, WILLIAM D	
STREET ADDRESS	11080 SW 11 PLAE	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> 2.1 TITLE <input type="checkbox"/> 2.2 NAME <input type="checkbox"/> 2.3 STREET ADDRESS <input type="checkbox"/> 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
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:

WILLIAM D. BARNES 2/5/98 (954)476-8311

FILED
Feb 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

65-078 9974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

CR2E034 (10/97)