


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

FILED
Jan 22 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 # P97000088290 (6) *		
1. Corporation Name HR RESOURCES, INC.		



Principal Place of Business C/O KRAMER, GREEN, ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD FL 33021	Mailing Address C/O KRAMER, GREEN, ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1997	
21		26		4. FEI Number 65-0787143	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent	
		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	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAMER, ROBERT M	1.2 NAME	Kramer, Robert M.
STREET ADDRESS	4000 HOLLYWOOD BLVD SUITE 485 SOUTH	1.3 STREET ADDRESS	4000 Hollywood Blvd., Ste. 485 So.
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Solodkin, Jeffrey
STREET ADDRESS		2.3 STREET ADDRESS	4000 Hollywood Blvd., Suite 495 So.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kahn, Howard N.
STREET ADDRESS		3.3 STREET ADDRESS	4000 Hollywood Blvd., Suite 485 So.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Solodkin, Marc
STREET ADDRESS		4.3 STREET ADDRESS	4000 Hollywood Blvd., Suite 495 So.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Solodkin, Erica
STREET ADDRESS		5.3 STREET ADDRESS	4000 Hollywood Blvd., Suite 495 So.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Zuckerman, Leslie H.
STREET ADDRESS		6.3 STREET ADDRESS	Hollywood Blvd., Suite 485 So.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hollywood, FL 33021

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
ROBERT M. KRAMER
1-13-98 954 661-2112

CR2E034 (10/97)