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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092307

1. Corporation Name

RESOURCE ENHANCEMENT SOLUTIONS INC

Principal Place	e of Business	Mailin	ng Address						.,,,,,	• 1,000 1	
9378 ARLINGTON EXPRESSWAY		9378 A	9378 ARLINGTON EXPRESSWAY								
SUITE 160			SUITE 160				DO NOT WRITE IN THIS SPACE				
JACKSONVILLE	FL 32225	JACKS US	JACKSONVILLE FL 32225				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		03					10/24/1997	Qualifou			Ì
		[2a 14	-ili-a Addsoon				4. FEI Number		_	Τ Ι Δι	oplied For
	lace of Business	-	ailing Address				65-0788272			<u> </u>	ot Applicable
21		26	uite, Apt. #, etc.				0370100212				Additional
Suite, Apt.	#, etc.		uite, Apt. #, etc.				5. Certifcate of Status	Desired []		equired
City & State		27	ity & State				E Flootion Compaign	inancina			May Be
23 City & Stat	le	28	ity & Olate				6. Election Campaign I Trust Fund Contribu	_]		to Fees
Zip	Country	Zi	n	Соц	ntrv		8. This corporation ow		vear Intan	nible	
 -	25	29	r	30	,		Personal Property T] Yes	No
24	9. Name and Address of Curi		ed Agent	(30)			10. Name and Address		stered Ag	jent	
	3. Hallie and Addiese of Sali	One it o gioto.			81	Name		<u>_</u>			
VOG	iel, mark										
	SOUTH CONGRESS AVENUE	#232			82	Street Ad	dress (P.O. Box Number is N	ot Acceptable)		Į.
	NTON BEACH FL 33426				83						
					84	City			FL	85 Zip	Code
	to the provisions of Sections 607.0	E00 - ad 607	4500 Elorida Statu	tos the el		named co	rnoration submits this statem	ent for the nur	nose of ch	anging its	registered
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the object.	ite of Florida.	Such change was a	authorized	L by t	-nameu co	ation's board of directors. I he	reby accept th	e appointr	nent as re	egistered
				300,000,000	ı by ı	he corpora		,			
agent. I a	im familiar with, and accept the ob-	gations of, Se	ectio 7607.0505, Flo	orida Stati	ites.	he corpora		,,			-
agent. I a	Tool To	Whi	7			ne corpora					
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SIGNATURE	Signature proped or printed name of registered of OFFICERS	Whi	plicable. (NOTI	E: Registered	Agent	ne corpora			DATE ERS AND		
SIGNATURE 12. TIILE	Signature benefit or printed name of registered of OFFICERS	agent and title if ap	plicable. (NOTI	E: Registered 13.	Agent	ne corpora	uired when reinstating)		DATE ERS AND	DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature period name of registered of OFFICERS P WEST, LINDA	agent and little if app AND DIRECT	plicable. (NOTI	E: Registered 13. 1.1 TO	Agent TLE VME	signature requ	uired when reinstating)		DATE ERS AND	DIRECTO	DRS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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Daytime Phone #