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PROFIT CORPORATION ANNUAL REPORT

1998

THE PENSION RESOURCE CENTER, INC.

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 25 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	I 1031/801 ME 1011 100H 00H 00H 00H 00H 01H 01H 01H 0
1973 PGA BLVD 1973 PGA BLVD	
SUITE B SUITE B	
PALM BEACH GARDENS FL 33408 PALM BEACH GARDENS FL	33406 DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address	11/12/1997 4. FEI Number Applied For
21 5606 PGA Blvd # 1/3 26 16887 96# Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
27	5. Certificate of Status Desired Fee Required
	6. Election Campaign Financing \$5.00 May Be
City & State 23 Palm Beach Gardens, F. 28 Jupiter Zip Zip Zip	Trust Fund Contribution Added to Fees
Zip Country Zip	Country 8. This corporation owes or has paid the current year Intangible
24 334/8 25 V3A 29 33478 30	L
9. Name and Address of Current Registered Agent	10, Name and Address of New Registered Agent
BAUR, WENDY LYNN	81 Name
1973 PGA BLVD	82 Street Address (P.O. Box Number is Not Acceptable)
SUITE B	83
PALM BEACH GARDENS FL 33408	
	84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes	
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 Stonative, typod or printed name of registered agent and title if applicable (NOTE Re	gistered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE	1.1 TITLE Change Addition
NAME BAUR, WENDY LYNN	1.2 NAME
STREET ADDRESS 16887 96 TERRACE GARDENS	1.3 STREET ADDRESS
City-S1-ZiP JUPITER FL 33478	1.4 CITY-ST-ZIP
THE D DELETE	2.1 TITLE Change Addition
NAME BAUR, JONATHAN SCOTT	2.2 NAME
STREET ADDRESS 16887 96 TERRACE GARDENS CITY-ST-ZIP JUPITER FL 33478	2.3 STREET ADDRESS
TITLE DELETE	2.4 CITY-ST-ZIP
NAME	3.1 TITLE
STREET ADDRESS	i i
CITY-ST-ZIP	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE DELETE	4.1 TILE Change Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-\$T-ZIP	4.4 CITY-ST-ZIP
TITLE DELETE	5.1 TITLE Change Addition
NAME	52 NAME
STREET ADDRESS	5.3 STREET ADDRESS
ÇITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE DELETE	6.1 TitLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-SI-ZIP	6.4 CITY-ST-ZIP

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 changing an attachment with an address.

(501) 624-3777