


<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT -6 PM 1:05 619699-90011-001																	
DOCUMENT # <u>P98000095226</u> 1. Corporation Name <u>The Results Group, Inc.</u>																					
Principal Place of Business <u>7734 Belmont Drive</u> <u>Lake Worth, FL 33467</u>		Mailing Address <u>7734 Belmont Drive</u> <u>Lake Worth, FL 33467</u>																			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <u>11/09/98</u> 4. FEI Number <u>105-0875375</u> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
9. Name and Address of Current Registered Agent <u>Anthony V. Naser</u> <u>130 SE 24th Ave.</u> <u>Boynton Beach, FL 33435</u>			10. Name and Address of New Registered Agent 81 Name <u>Anthony V. Naser</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>7734 Belmont Drive</u> 83 84 City <u>Lake Worth, FL</u> 85 Zip Code <u>33467</u>																		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width: 50%;"> <input type="checkbox"/> DELETE            TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td> <input type="checkbox"/> DELETE            TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td> <input type="checkbox"/> DELETE            TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td> <input type="checkbox"/> DELETE            TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           11 TITLE            12 NAME            13 STREET ADDRESS            14 CITY-ST-ZIP         </td> <td style="width: 50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition            21 TITLE            22 NAME            23 STREET ADDRESS            24 CITY-ST-ZIP         </td> </tr> <tr> <td>           31 TITLE            32 NAME            33 STREET ADDRESS            34 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition            41 TITLE            42 NAME            43 STREET ADDRESS            44 CITY-ST-ZIP         </td> </tr> <tr> <td>           51 TITLE            52 NAME            53 STREET ADDRESS            54 CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition            61 TITLE            62 NAME            63 STREET ADDRESS            64 CITY-ST-ZIP         </td> </tr> </table>		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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CR2E034 (1/1/99)

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 supplementary 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.

SIGNATURE:

 SIGNATURE: [Signature]  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

(561) 357-7879

Date

Daytime Phone #

August 19, 1999

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I incorporated The Results Group, Inc. in the State of Florida on November 9, 1999. I originated it from the following address:

130 SE 24<sup>th</sup> Avenue  
Boynton Beach, FL 33435

Shortly thereafter, I moved the company to the Delray Office Plaza at 4731 W. Atlantic Avenue, Delray Beach, FL. The mail was not forwarded from Boynton Beach to Delray Beach because at that time we didn't realize we had anything to forward.

The company had some financial hardship at the Delray Office Plaza and I was forced to move the business to my home:

7734 Belmont Drive  
Lake Worth, FL 33467

I learned today from a fellow business owner that I am responsible for filing a Corporate Annual Report. My wife called the Division of Corporations and requested a copy of an application be sent to us at 7734 Belmont Drive, Lake Worth, FL 33467. I also submitted a request from the Web Site.

However, I felt it best to send you this letter with the annual fee for the Results Group, Inc. so that we don't lose our corporate status. Upon receipt of the application, I will complete it and submit it to your office. The Results Group, Inc. number is P98000095226.

I respectfully request that under the circumstances you waive any potential late fees that may have accumulated from this mishap. Please feel free to contact me at (561) 357-7879.

Warm Regards,



Anthony V. Neser  
President