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May 05 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 # **S09309** **(3)**

1. Corporation Name
PRODUCT RESOURCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
811 PINE SHADOW AVE **APOPKA FL 32712**	**811 PINE SHADOW AVE** **APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1990**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3036973** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POULTER, JAMES DAVID **811 PINE SHADOW AVE.** **APOPKA FL 32712**	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**D** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**POULTER, JAMES DAVID**	1.2 NAME	
STREET ADDRESS	**2101 SHERIDAN RD.**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**MOUNT DORA FL**	1.4 CITY-ST-ZIP	
TITLE	**D** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**POULTER, LAURA JEAN**	2.2 NAME	
STREET ADDRESS	**811 PINE SHADOW AVE.**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**APOPKA FL 32712**	2.4 CITY-ST-ZIP	
TITLE	**D** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**VICCARONDO,MICHAEL REED**	3.2 NAME	
STREET ADDRESS	**6306 S.MACDILL AVE.#1209**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**TAMPA FL**	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 _____ 4/27/98 407-886-6573