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PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S19613** **(6)**

1. Corporation Name
RESOURCE OPPORTUNITIES, INC.

Principal Place of Business	Mailing Address
4122 INNSLAKE DR GLEN ALLEN VA 23060 US	3611 QUEEN PALM DR. TAMPA FL 33619

3. Date Incorporated or Qualified: 12/19/1990	3a. Date of Last Report: 06/26/1995
4. FEI Number: 58-1930884	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 5111 Rogers Avenue,	26 Suite, Apt. #, etc.: 5111 Rogers Avenue
22 City & State: Suite 40-A	27 City & State: Suite 40-A
23 Zip / Country: Fort Smith, AR	28 Zip / Country: Fort Smith, AR
24 72919-0155 / 25 Sebastian	29 72919-0155 / 30 Sebastain

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700001833267 -05/21/96--01162--014
84 City ***200.00 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HARRELL, CECIL S. 3611 QUEEN PALM DR. TAMPA FL 33619	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P Mathies, William A. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BERTRAM, MARTIN T JR 3611 QUEEN PALM DRIVE TAMPA FL 33619	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/EV Stephens, Bobby W. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST REDMOND, DAVID L 3611 QUEEN PALM DR TAMPA FL 33619	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/VS Pommerville, Robert 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, ALICE T. 4122 INNSLAKE DRIVE GLEN ALLEN VA 33619	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/C Banks, David R. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEEP, MICHAEL 4122 INNSLAKE DRIVE GLEN ALLEN VA 23060	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/VC Hendrickson, Boyd W. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GUY, CHARLES 3611 QUEEN PALM DRIVE TAMPA FL 33619	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP/AS MacKenzie, JOHn W. 5111 Rogers Avenue, Suite 40-A Fort Smith, AR 72919-0155	☒ Change ☐ Addition 5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John W MacKenzie John W. MacKenzie 4/25/96 501-484-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #