# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **S64782** (3)

1. Corporation Name

**RESOURCE TECHNOLOGY CONCEPTS, INC.**

59 3075656

| Principal Place of Business | Mailing Address |
|---|---|
| 824 BENNETT DRIVE<br>SUITE 100<br>LONGWOOD FL 32750 | 824 BENNETT DRIVE<br>SUITE 100<br>LONGWOOD FL 32750 |

3. Date Incorporated or Qualified: **07/09/1991**
3a. Date of Last Report: **05/01/1995**

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 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 307 5656 (~~59-2870687~~) ☐ 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

**9. Name and Address of Current Registered Agent**

ABELES, DAVID E.
5 WEST HIGHBANKS ROAD
DEBARY FL 32713

**10. Name and Address of New Registered Agent**

81 Name: HARVEY ORETSKY
82 Street Address (P.O. Box Number is Not Acceptable): 824 BENNETT DRIVE
83: SUITE 100
84 City: LONGWOOD **FL** 85 Zip Code: 32750

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: Harvey Oretsky — DATE:
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | SD | ☐ DELETE | 1.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | ORETSKY, HARVEY J. | | 1.2 NAME | ORETSKY, HARVEY J. | |
| STREET ADDRESS | 1146 E. NORMANDY BLVD. | | 1.3 STREET ADDRESS | 1671 EMERALD GREEN COURT | |
| CITY-ST-ZIP | DELTONA FL | | 1.4 CITY-ST-ZIP | DELTONA FLA 32725 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | BOARDMAN, ROBERT E. JR. | | 2.2 NAME | BOARDMAN, ROBERT, E. JR. | |
| STREET ADDRESS | 107 CROOKED PINE DRIVE | | 2.3 STREET ADDRESS | 338 PINE SHADOW LANE | |
| CITY-ST-ZIP | SANFORD FL | | 2.4 CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ABELES, DAVID E. | | 3.2 NAME | | |
| STREET ADDRESS | 5 WEST HIGHBANKS ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DEBARY 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 | 700001731094<br>-03/04/96--01141--011<br>***200.00 | |
| 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 (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)(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:** Harvey Oretsky — 1/25/96 — 407-331-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HARVEY ORETSKY