

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S64782** (3)
1. Corporation Name
RESOURCE TECHNOLOGY CONCEPTS, INC.



Principal Place of Business Mailing Address
~~824 BENNETT DRIVE~~ **157 E. LAKE BRANTLEY DR.**
~~SUITE 100~~ **DR SUITE 400**
~~LONGWOOD FL 32779-4407~~ **LONGWOOD FL 32779-4407**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 157 E. LAKE BRANTLEY DR. Suite, Apt. #, etc. 22 City & State 23 LONGWOOD, FL Zip 24 32779-4407	2a. Mailing Address 26 157 E. BRANTLEY DRIVE Suite, Apt. #, etc. 27 City & State 28 LONGWOOD FL Zip 29 32779-4407
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3. Date Incorporated or Qualified 07/09/1991	4. FEI Number 59-3075656	Applied For Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ORETSKY, HARVEY
824 BENNETT DR.
824 BENNETT DR.
LONGWOOD FL 32779-4407

81 Name DAVID E. ABELES
82 Street Address (P.O. Box Number is Not Acceptable) 5 W. HIGHBANKS
83
84 City DeBary
85 Zip Code FL 32713

I, 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

Signature of officer or director of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORETSKY, HARVEY J.	1.2 NAME	
STREET ADDRESS	1671 EMERALDE GREEN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, ROBERT E. JR.	2.2 NAME	
STREET ADDRESS	333 PINE SHADOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32748	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELES, DAVID E.	3.2 NAME	
STREET ADDRESS	5 WEST HIGBANKS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE:

Robert E. Boardman

CR2E034 (10/97)