FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:17

DOCUMENT # V13754 (9)

1. Corporation Name
O.R. RESOURCES, INC.

Principal Place of Business	Mailing Address
5212 BOLERO CIRCLE DELRAY BEACH FL 33404	5212 BOLERO CIRCLE DELRAY BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 212 BRINY AVE.	26 212 BRINY AVE.
22 Suite, Apt. #, etc. A-4	27 Suite, Apt. #, etc. A-4
23 City & State POMPANO BEACH, FL.	28 City & State POMPANO BEACH, FL.
24 Zip 33062 25 Country USA	29 Zip 33062 30 Country USA

4. FEI Number: 65-0343909 ☐ 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

LINDSEY, ALFRED J.
5212 BOLERO CIRCLE
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name: LINDSEY, ALFRED J.
82 Street Address (P.O. Box Number is Not Acceptable): 133 N. POMPANO BEACH BLVD. #808
83
84 City: POMPANO BEACH, FL 85 Zip Code: 33062

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDSEY, MARK J.	1.2 NAME	
STREET ADDRESS	212 BRINY AVE., APT. A4	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LINDSEY, JULIE M.	2.2 NAME	
STREET ADDRESS	212 BRINY AVE., APT. A4	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	LINDSEY, ALFRED J.	3.2 NAME	LINDSEY, ALFRED J.
STREET ADDRESS	5212 BOLERO CIR.	3.3 STREET ADDRESS	133 N. POMPANO BCH. BLVD. #808
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	LINDSEY, MADELINE	4.2 NAME	LINDSEY, MADELINE
STREET ADDRESS	5212 BOLERO CIR.	4.3 STREET ADDRESS	133 N. POMPANO BCH. BLVD. #808
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: MARK J. LINDSEY 2-14-95 305-946-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0277502 CP