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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90219 032 ***150.00

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1. Corporation Name

RESCOM, A PROJECT CONTROL CORPORATION

TEQUESTA FL 33469 US TEQUESTA FL 33469 US 3. Date Incorporated or Qualifed 06/09/1992 2. Principal Place of Business 2a. Mailing Address 2ft	Principal Place	of Business	Mailing Address				[
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EUROPS IN FL. Sales 10 10 10 10 10 10 10 1	SUITE #2						DO NOT WRITE IN THIS SPACE
Principal Place of Business 2a. Mailing Address 4. File Number Applied For Net Applicable 55-108.2151 Net Applicable Search Address of Country 2D		33469				}	
2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 5. Most Applicable For	US		00			}	1
Suite, Apt. #, etc.	2 Principal Pl	ace of Rusiness	2a Mailing Address				
Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Sp.	—¬ ·	ace or business					\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
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City & State City & State 28			-			ţ	5. Certificate of Status Desired Fee Required
Trust Fund Contribution							6. Election Campaign Financing S5.00 May Be
Zip Country Zip Country Zip Country Zip Sa 38 Sa 29 36 Personal Professory Tax. Xip Normal and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sa Name	23		28				Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Rondon Statutes. The above-named corporation submits this statument for the purpose of changing its registered agent or both, in the Statu of Rondon Statutes. The Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Rondon Statutes. The Address (P.O. Box Number is Not Acceptable) 12. Pursuant to the provisions of Sections 607 0505. Floridos Statutes. The Address of Composition's Count of Control Section 607 0505. Floridos Statutes. The Address of Control Section 607 0505. Floridos Statutes. The Addre		Country	Zip	Countr	у		
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TIL. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and the first of Horizon agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILL D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILL D ORDER 1.3 TILL ORDERS 1.3 TILL ORDERS 1.3 TILL ORDERS 1.4 CITY-ST-2P TILL D ORDER 1.4 CITY-ST-2P TILL ORDERS 1.4 CITY-ST-2P TILL ORDERS 1.4 CITY-ST-2P TILL ORDER 1.4 CITY-ST-2P	GREE	ENACRES FL 33463		8:	3	-	
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STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 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 as true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an affect or of the extraction of the excepted this report as required by Chapter 607. Florida Statutes: and that my name appears in				6.2 NAME	<u> </u>		
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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 effect or director of the contraction of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	' · · · · ·	• '				1	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as in hade under varia, when an officer or director of the orthogology or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in	4.4 I horoby o	certify that the information supplied with	this filing does not qualify for the	he exemi	ntion sta	ted in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
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SIGNATURE: ALLIEU MILLEL HOURS PATRICIA KEOLE BROWNE 4/20/99

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