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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90007 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000088088

1. Corporation Name
THREAD SOURCE, INC.



Principal Place of Business 3401 METRO PLANTATION RD FT. MYERS FL 33912 US	Mailing Address PO BOX 61622 FT. MYERS FL 33906 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1993	
4. FEI Number 65-0454815	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6401 Metro Plantation Rd	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Ft. Myers	Suite, Apt. #, etc. 27
City & State 23 FL	City & State 28
Zip 24 33912	Country 25 US
Country 29	Zip 30

9. Name and Address of Current Registered Agent

VACCARO, TROY T
1514 WOODWIND CT.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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: *Troy Vaccaro, President* DATE: **1-5-99**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	BUCHBINDER, WALTER R	
STREET ADDRESS	32102 SPRINGSIDE LANE	
CITY-ST-ZIP	SOLOH OH 44139	
TITLE	D	
NAME	BUCHBINDER, DEBORAH J	
STREET ADDRESS	32102 SPRINGSIDE LANE	
CITY-ST-ZIP	SOLOH OH 44139	
TITLE	D	
NAME	VACCARO, TROY T	
STREET ADDRESS	1514 WOODWIND CT.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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, with all other like empowered.

SIGNATURE: *Troy Vaccaro, President* DATE: **1-5-99** DAYTIME PHONE #: **941/936-3343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)