

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P95000052978 (0)

1. Corporation Name

INNOVATIVE SOURCE DESIGN GROUP, INC.

Principal Place of Business

370 WHOOPING LOOP, SUITE 1108
ALTAMONTE SPRINGS FL 32701

Mailing Address

370 WHOOPING LOOP, SUITE 1108
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3322792

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 P.O. Box 522585

Suite, Apt. #, etc.

22

City & State

23 Longwood, Florida

Zip

Country

24 32752

25

2a. Mailing Address

26 P.O. Box 522585

Suite, Apt. #, etc.

27

City & State

28 Longwood, Florida

Zip

Country

29 32752

30

9. Name and Address of Current Registered Agent

HASBROUCK, GERIE
370 WHOOPING LOOP, SUITE 1108
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

393 Whooping Loop

Suite 1490

Altamonte Springs FL

85 Zip Code

32701

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

Signature, typed or printed name of agent and date if applicable

PRESIDENT, GERIE HASBROUCK

2/5/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARR, KIMBERLY M
STREET ADDRESS 370 WHOOPING LOOP, SUITE 1108
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ DELETE

NAME HASBROUCK, GERIE
STREET ADDRESS 370 WHOOPING LOOP, SUITE 1108
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S, D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 393 Whooping Loop, Suite 1490
1.4 CITY-ST-ZIP

2.1 TITLE P, D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 393 Whooping Loop, Suite 1490
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERIE HASBROUCK

2/5/98

407-1107

332-8588

0063370

CR2E034 (1097)