Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90121 040 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT #

1. Corporation Name

TECH-SOURCE INTERNATIONAL, INC.							
				l			
Duit air at Diago	of D. vienne	Mailing Address					
10004 CRYSTALLINE CT. ORI ANDO FL 32836 ORI ANDO FL 32836							
2450 SAND LAFERD 2450 Sond ORLANDO, FL 32809 OMONDO, F			al La	ta Rd	DO NOT WRITE IN THIS SPACE		
2450 5450 500				, , ,	3. Date Incorporated or Qualifed		ĺ
ORLANDO, FL 52809 OMONOU, F				280)	05/27/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21 26					22-3254376		Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	
22 27 27 27 27 27 27 27 27 27 27 27 27 2							
City & State	e	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
23	Country		p Country		This corporation owes the current year in		71003
Zip	· · _ · _ · _ · _ · _ · _ · _ · _ ·				Personal Property Tax.		□No
24	25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered		=
9. Name and Address of Current Registered Agent				Name			-
PANDITH, SINI				<u> </u>	ss (P.O. Box Number is Not Acceptable)	_	
10004 CRYSTALLINE CT.			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32836			83				
				<del></del>		85 Zip C	- <del></del>
			84	City	F	L   85   Zip C	,006
1 A July 10 Ju							
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.							Jistereo.
		~olm			6/15	95	
SIGNATURE	Signature, typed or printed name of registered agent		stered Agent s	ignature required v		<del></del>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CF3		1.1 TITLE	•		☐ Change	Addition
NAME	PANDITH, SINI		12 NAME	į			
STREET ADDRESS	10004 OTT OTTLERE OT.		1.3 STREET A	DDRESS			
CITY-ST-ZIP	0110 1100 12 02000		1.4 CITY-ST-2	ZIP		Change	Addition
TITLE	DT	_	2.1 TITLE			□ Change	☐ Addison
NAME	FAIDHII, FOOTHIMA		2.2 NAME				
STREET ADDRESS	10004 CHIOTALLINE CT.		2.3 STREET A				
CITY-ST-ZIP	ORLANDO FL 32836		2. 4 CITY-ST-	ZIP	<del></del>	☐ Change	Addition
TITLE			3 1 TITLE			one ige	
NAME	-		3.2 NAME			<del>-</del>	
STREET ADDRESS			3.3 STREET A		•		
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP		☐ Change	☐ Addition
TITLE			4. 2 NAME			_ ·	_
NAME			4.3 STREET A	DORESS			l
STREET ADDRESS		1		i			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-3 5.1 TITLE	¢ir		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DORESS			{
	•		54 CITY-ST-	l l			
CITY-ST-ZIP TITLE			6.1 TITLE			☐ Change	Addition
NAME	621		6.2 NAME				
STREET ADDRESS	DDRESS 6.3:		6.3 STREET A	DDRESS			ļ

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.

6.4 CITY-ST-ZIP

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR