

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90038 036 \*\*\*150.00

DOCUMENT # F-98000005921 ✓  
1. Corporation Name  
NETSOURCE MARKETING, INC.  
A Delaware Corporation

Principal Place of Business Mailing Address  
3275 W. HILLSBORO BLVD., #210  
DEERFIELD BEACH, FL 33442-9476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/22/98

4. FEI Number

59-3528430

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 the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 3275 W. Hillsboro Blvd.

Suite, Apt. #, etc.

22 210

City & State

23 Deerfield Beach, FL

Zip Country

24 33442 25 USA

2a. Mailing Address

26 3275 W. Hillsboro Blvd.

Suite, Apt. #, etc.

27 210

City & State

28 Deerfield Beach, FL

Zip Country

29 33442 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☒ DELETE  
NAME T. Evans, President  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE DIRECTOR ☒ DELETE  
NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE DIRECTOR ☒ DELETE  
NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

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 President ☒ Change ☐ Addition  
1.2 NAME Troy Evans  
1.3 STREET ADDRESS 3275 W. Hillsboro Blvd. #210  
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442-9476

2.1 TITLE Secretary ☒ Change ☐ Addition  
2.2 NAME Lawrence Wolf  
2.3 STREET ADDRESS 3275 W. Hillsboro Blvd #210  
2.4 CITY-ST-ZIP Deerfield Beach, FL 33442-9476

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Troy Evans President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99  
Date

954-725-0733  
Daytime Phone #

CR2E034 (11/98)