

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90139 050 ***150.00

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DOCUMENT # J29408

1. Corporation Name
INSOURCE, INC.

Principal Place of Business
9500 S. DADELAND BLVD.
#200
MIAMI FL 33156
US

Mailing Address
P. O. BOX 561567
MIAMI FL 33256-1567
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1986

4. FEI Number

59-2776540

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33156-28166 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORLEY, J. HAYES JR.
9500 S DADELAND BLVD
STE 200
MIAMI FL 33156

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VCD
NAME HUMPHREY, HAROLD M.
STREET ADDRESS 9500 S DADELAND BLVD., #200
CITY-ST-ZIP MIAMI FL

1.1 TITLE VD
1.2 NAME WILLIAM F. KLEIS
1.3 STREET ADDRESS 9500 So. Dadeland Blvd., #200
1.4 CITY-ST-ZIP MIAMI, FL

TITLE CD
NAME WORLEY, J. HAYES JR.
STREET ADDRESS 9500 S. DADELAND BLVD., #200
CITY-ST-ZIP MIAMI FL

2.1 TITLE VD
2.2 NAME ELISA M. CANAL
2.3 STREET ADDRESS 9500 So. Dadeland Blvd, #200
2.4 CITY-ST-ZIP MIAMI, FL

TITLE DST
NAME BALL, CHARLES C.
STREET ADDRESS 9500 S DADELAND BLVD., #200
CITY-ST-ZIP MIAMI FL

3.1 TITLE PD
3.2 NAME ALEJANDRO SOTO
3.3 STREET ADDRESS 9500 So. Dadel and Blvd, #200
3.4 CITY-ST-ZIP MIAMI, FLA.

TITLE DVP
NAME LYONS, PHILLIP C
STREET ADDRESS 9500 S. DADELAND BLVD., #200
CITY-ST-ZIP MIAMI FL

4.1 TITLE V
4.2 NAME EDUARDO A. RIVAS
4.3 STREET ADDRESS 9500 So. Dadel and Blvd, #200
4.4 CITY-ST-ZIP MIAMI, FLA

TITLE V
NAME SWICEGOOD, BRIAN E
STREET ADDRESS 9500 S. DADELAND BLVD., #200
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME VODICKA, CHARLES
STREET ADDRESS 9500 S DADELAND BLVD 200
CITY-ST-ZIP MIAMI FL 33156

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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 305-070-0111

Date

Daytime Phone #

CR2E034 (11/98)