

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J88010** (0)
1. Corporation Name
SOURCE REALTY, INC.



Principal Place of Business 668 N. ORLANDO AVENUE STE. 209 MAITLAND FL 32751 US	Mailing Address 668 N ORLANDO AVE STE 209 PO BOX 8485 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 102 Eastwind Lane Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 948495 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/17/1987	
22 City & State Fern Park, Florida		27 City & State Maitland, Florida		4. FEI Number 59-2852502 Applied For Not Applicable	
24 Zip 32730		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28 Zip 32794		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MICHAELS, ALLAN M
668 N. ORLAND AVE
SUITE 209
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name Allan M. Michaels
82 Street Address (P.O. Box Number is Not Acceptable) 102 Eastwind Lane
83
84 City Fern Park
85 Zip Code FL 32730

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
Signature: Allan M. Michaels (NOTE: Registered Agent signature required when reinstating)

DATE
2/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, ALLAN M.	1.2 NAME	
STREET ADDRESS	102 EASTWIND LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, ALLAN M.	2.2 NAME	
STREET ADDRESS	102 EASTWIND LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Signature typed or printed name of registered agent and title if applicable
Signature: Allan M. Michaels 2/28/98 407-740-7570

CR2E034 (10/97)