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

CITY-ST-ZIP

 thereby certify that the informati indicated on this annual report of officer or director of the corpora Block 12 or Block 13 if changing

SIGNATURE:

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (2)J98536 SOURCELINE, INC. Principal Place of Business Mailing Address C/O THOMAS G. PETRUZZI P.O. BOX 592999 C/O THOMAS G. PETRUZZI P.O. BOX 592999 ORLANDO FL 32659-9999 DO NOT WRITE IN THIS SPACE ORLANDO FL 32859-9999 3. Date Incorporated or Qualified 10/19/1987 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zıp Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PETRUZZI, THOMAS G. 5118 BELLEVILLE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32812 63 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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, typed or position name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE Change Addition 1.1 TITLE TITLE PETRUZZI, THOMAS G. 1.2 NAME NAME 5118 BELLEVILLE AVE. STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - 21P DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an apowered to execute this report as required by Chapte 607, Floreda Statutes; and that my name appears in

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