SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $7.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $175)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L25925** **(3)**

1. Corporation Name

THE SOURCE GROUP, INC.

Principal Place of Business	Mailing Address
777 S. FLAGLER DR SUITE 600 W. PALM BEACH FL 33401	777 S. FLAGLER DR SUITE 600 W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1989
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 222 LAKEVIEW AVE.	26 222 LAKEVIEW AVE.
Suite, Apt. #, etc. 22 SUITE 1100	Suite, Apt. #, etc. 27 SUITE 1100
City & State 23 WEST PALM BEACH, FL 33401	City & State 28 WEST PALM BEACH, FL 33401
Zip 24 33401 Country 25 USA	Zip 29 33401 Country 30 USA

4. FEI Number: 65-0180528 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GERSON, GARY N. 1645 PALM BEACH LAKES BLVD SUITE 200 W. PALM BEACH FL 33402	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BILKEY, ROBERT N.	1.2 NAME		
STREET ADDRESS	1728 BREAKERS WEST BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LLINAS, OSCAR	2.2 NAME		
STREET ADDRESS	1728 BREAKERS WEST BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	TSD	3.1 TITLE	V	☒ Change ☐ Addition
NAME	SALCEDO, FABIO	3.2 NAME	SALCEDO, FABIO	
STREET ADDRESS	1120-D SAND DRIFT WAY	3.3 STREET ADDRESS	1120-D SAND DRIFT WAY	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SALCEDO, MAURICIO	4.2 NAME		
STREET ADDRESS	1728 BREAKERS WEST BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ DIRECTOR 7.5.95 401 822-5900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002020 CP