

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jun 10 1996 8:00 am  
Secretary of State

DOCUMENT # **L28621 (5)**

1. Corporation Name  
**SOURCING & TECHNICAL SERVICES INC.**



Principal Place of Business: **1365 NW 159TH ST, 7373 WEST SIDE AVENUE, MIAMI FL 33169, US**  
Mailing Address: **3100 W BIG BEAVER RD, ATTN: TAX DEPT, TROY MI 48064, US**

3. Date Incorporated or Qualified: **11/09/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **22-3004708**  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALFUS, MARJORIE</b>	
STREET ADDRESS	<b>7373 W SIDE AVE</b>	
CITY-ST-ZIP	<b>NORTH BERGEN NJ</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILIPS, EUGENE</b>	
STREET ADDRESS	<b>C/O 7373 WESTSIDE AVE.</b>	
CITY-ST-ZIP	<b>N BERGEN NJ</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOVE, ROBERT T.</b>	
STREET ADDRESS	<b>% 7373 WESTSIDE AVE.</b>	
CITY-ST-ZIP	<b>N. BERGEN NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VP</b>
23 STREET ADDRESS	<b>DAVID GREENE</b>
24 CITY-ST-ZIP	<b>7373 West Side Ave</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>S</b>
33 STREET ADDRESS	<b>NANCIE W. LADUKE</b>
34 CITY-ST-ZIP	<b>3100 W. Big Beaver Rd</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>TR</b>
43 STREET ADDRESS	<b>WILLIAM RUSSO</b>
44 CITY-ST-ZIP	<b>7373 West Side Ave.</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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)(k), 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: *N. W. Laduke* (810)643-5268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **N. W. LADUKE**

CR2E034 (12/95)