

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90030 015 ***450.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L28621**

1. Corporation Name
SOURCING AND TECHNICAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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 48084
 US

3. Date Incorporated or Qualified
11/09/1989

2. Principal Place of Business
 21 Suite, Apt. #, etc. -
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number
22-3004708

Applied For
 Yes
 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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, S M	1.2 NAME	E. Jackson Smiles
STREET ADDRESS	3100 W BIG BEAVER RD	1.3 STREET ADDRESS	3100 W. Big Beaver Rd.
CITY-ST-ZIP	TROY MI 48084	1.4 CITY-ST-ZIP	Troy, MI 48084
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCIE W. LADUKE	2.2 NAME	
STREET ADDRESS	3100 W. BIG BEAVER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLA, M J	3.2 NAME	
STREET ADDRESS	3100 W BIG BEAVER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISPLON, JAMES L	4.2 NAME	
STREET ADDRESS	3100 W BIG VEAVER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Donald W. Keeble
STREET ADDRESS		5.3 STREET ADDRESS	3100 W. Big Beaver Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Troy, MI 48084
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Alice I. Buckley
STREET ADDRESS		6.3 STREET ADDRESS	3100 W. Big Beaver Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Troy, MI 48084

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: *J. Misplon* Date: 4/30/99 Daytime Phone #: (248)643-5268

CRZE034 (1/98)