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

**PROFIT CORPORATION** ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-10-1999 90038 010 \*\*\*150.00

	<del></del>			<del></del>	
DOCU	MENT # L6073	8			
1. Corporation Name ECLECTIC SOURCE NETWORK, INC.					
EULEUI	C SOURCE NETWORK, I	NC.		: JOSEPH DE BEINE SERVE SERVE DE SERVE DE SERVE DE LA SERVE DESERVE DE LA SERVE DE LA SERV	en anang angen brang angen Alang NBB1
Principal Place	e of Business	Mailing Addréss			
205 ANSIN BLV	'D	205 AMSIN BLVD			
HALLANDALE F	L 33009	HALLANDALE FL 83009		DO NOT WOITE IN TO	
US		/US / /		DO NOT WRITE IN TH	IIS SPACE
				03/23/1990	
2. Principal P	lace of Business	2a. Mailigh Address	17 1188	4. FEI Number	Applied For
21		26 F.O. DOX	177930	65-0244243	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 City 8 Ct-4		City & State			<del></del>
City & State	e 	City & State	F)	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip2212 11/202	Country /	This corporation owes the current year	
24	25	29 33017-1438 3	0 /1/A-XIAD	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Register	ed Agent
I A B	AADCA THOMAS	^	81 Name		
LA MARCA, THOMAS  200 ANSIN BLVD			82 Stree	Aress (P/Q/Bby/Number/s Not Acceptable)	
MAIA	ANDAVE PL 33009	NA LIANGE	83	1 11/1 100 100 37	
<b>/</b> "	J 415. 12 7 2 00000	10 1711	• 💆 /		
		NO HAWGE SORRY	84 City		85 Zíp Code
11. Pursuant	to the provisions of Sections 607.0			cornoration 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		.,			
GIGIVATORE	Signature, typed or printed name of registered		egistered Agent signature red		
12.	PSD	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE NAME	LA MARCA, THOMAS M.	CJ DELETE	1.2 NAME		52
STREET ADDRESS	1421 NW 165 ST.		1.3 STREET ADDRESS	205 ANSIN BLVD	
CITY-ST-ZIP	MIAMIFE		1.4 CITY+ST-ZIP	JOS ANSIN BLVD HALLANDALE FL. 33009	
TITLE		☐ DELETE	2.1 TITLE	11/1/2011 2011 00 17	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		\
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4: CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		<b>_</b>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		{
STREET ADDRESS			6.3 STREET ADDRESS		İ

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 suppliemental appeal 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**