


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000511	
CORE SOURCE, L.C. 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216		98-AR CM	
2. Principal Place of Business		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216	
City & State		3. Date Organized or Qualified 09/30/1994	
Zip Country		3a. State of Formation FL	
2a. Mailing Address		4. FEI Number 59-3275235	
Suite, Apt. #, etc.		<input type="checkbox"/> Applied For	
City & State		<input type="checkbox"/> Not Applicable	
Zip Country		5. Date of Last Report 03/13/1997	
7. Name and Address of Current Registered Agent		6. Certificate of Status Desired	
SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216		8. Name and Address of New Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc. 800002474988--1	
		City -04/01/98--01039--024	
		****188.75 ****188.75	
		FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HARRIS, FORREST J	1515 LORIMIER RD.	JACKSONVILLE FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Forrest J. Harris

3/10/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #