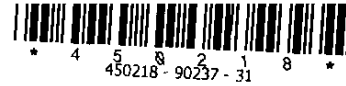


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90014 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002138					
1. Corporation Name COLLEGESOURCE, INC.					
Principal Place of Business 8601 NW 46 CT. LAUDERHILL FL 33351			Mailing Address 8601 NW 46 CT. LAUDERHILL FL 33351		



2. Principal Place of Business 21 8601 N.W. 46th COURT Suite, Apt. #, etc. N/A 22 City & State 23 LAUDERHILL, Florida Zip Country 24 33351 25 USA		2a. Mailing Address 26 8601 N.W. 46th COURT Suite, Apt. #, etc. N/A 27 City & State 28 LAUDERHILL, Florida Zip Country 29 33351 30 USA		3. Date Incorporated or Qualified 04/13/1998 4. FEI Number 65-0051505 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution	
9. Name and Address of Current Registered Agent KREILING, EDWARD P 2500 WESTON ROAD., STE. 220 WESTON FL 33331			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 617.0502 and 617.1504, 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 agent. I am familiar with, and accept the obligations of, Section 617.0504, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	President, Officer of Corp. ☐ Change ☒ Addition
NAME		1.2 NAME	ANGELLA GREEN
STREET ADDRESS		1.3 STREET ADDRESS	8601 N.W. 46th COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAUDERHILL, Florida 33351
TITLE	☐ DELETE	2.1 TITLE	Andrew Mc Intyre, Director ☐ Change ☒ Addition
NAME		2.2 NAME	1844 Nob Hill Road #144 D
STREET ADDRESS		2.3 STREET ADDRESS	Plantation, Florida 33322
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Hyacinth Lawrence, Director ☐ Change ☒ Addition
NAME		3.2 NAME	12341 N.W. 29th Street D
STREET ADDRESS		3.3 STREET ADDRESS	Sunrise, FL 33322
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Keim Atterbury, Director ☐ Change ☒ Addition
NAME		4.2 NAME	2636 Park Avenue D
STREET ADDRESS		4.3 STREET ADDRESS	Tallahassee, FL 32304
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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:

SIGNATURE REQUIRED

4/2/99

(984) 572-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Angella Green, Officer
 ← my signature

CR2E037 (1/98)