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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000046688 (6)

	OURCE-I, INC				······································			
Principal Place of Business Mailing Address 2451 MCMULLEN BOOTH RD. 2451 MCMULLEN BOOTH CLEARWATER FL 34619 CLEARWATER FL 34619-			LEN BOOTH F				ABILITATES GING BUREN	kias iair ika.
						3. Date incorporated or Qualified 04/27/1993	3a. Date of Last 03/19/1996	•
F	Place of Business	2a. Mailing A	Address			4, FEI Number 59-3179665	[Applied For
Suite Apt.	#, etc.	 	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75	Not Applicable 5 Additional Required
City & Stal	te		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	, '		Zip Co		•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		r s. 199.032,
24	25 29 g. Name and Address of Current Registered Agent			30]		Florida Statutes Fes No 10. Name and Address of New Registered Agent		
Will	SON, WAYNE			81	Name			
	1 MCMULLEN BOOTH RD.			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
CLE	ARWATER FL 34619							
i i				83				
				84	City		FL []	ip Code
SIGNATURE	Signature, typical or printed name of registered	agent and title if applicable		E: Registered Age		oration submits this statement for the prion's board of directors. I hereby accepted when reinstating)	DATE	
12.	PD	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	WILSON, WAYNE	_	4	1.2 NAME	-			
STREET ADDRESS	2451 MCMULLEN BOOTH R	D.	1.3 STREET ADDRESS					
DITY - ST - ZIP	CLEARWATER FL 34819			1.4 CITY-S	IT-ZIP			
TITLE] DELFTE	2.1 TITLE	•		Chang	je 🔲 Addition
NAME	j			2.2 NAME				
STREET ADORESS				2.3 STREET	ì			
CITY - S1 - ZIP TITLE			DELETE	2.4 CiTY-5 3.1 TITLE	51-23		Chang	e Addition
NAME				3.2 NAME			-	
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3 4. CITY - 9	ST-ZIP			
TOTALE		L.] DELETE	4.1 TITLE	}		Chang	je 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS	{			4.3 STREET	1			
CITY-ST-ZiP TITLE		Γ	DELETE	4.4 CITY-S 5.1 TITLE	11-UP		☐ Chang	e Addition
NAME		_		5.2 NAME	-			
STREET ADDRESS				5.3 STREET	ADDRESS			
Dity-S1-ZIP				5.4 City-S	ł			
TILLE			DELETE	6.1 TITLE		,	☐ Chang	e Addition
NAME				6.2 NAME	1			
STHEET ADORESS				6.3 STREET	ADDRESS			

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 highways of an all attachment with an address.