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

PROFIT CORPORATION ANNUAL REPORT

1997

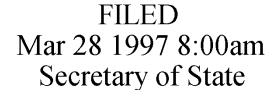


FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300083103 (0)



	SOURCE DIRECT, INC.						
Principal Piace of Business P.O. BOX 273906 BOCA RATON FL 33427-3906 P.O. BOX 273906 BOCA RATON FL 33427-3906					1 (BB)(BS) NE 1818F (III) BS(1) \$8 (1) \$8	r 1891:Bèt sez siribb hivit gatis Bètis diesis garis taras siribi nom espesa siri saci	
					3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 02/15/1996	
2. Principal P	lace of Business	2a. Mailing Addres	s		4. FEI Number	Applied For	
21		26			65-0456102	Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #, et	IC.		5. Certificate of Status Desired	\$8.75 Additional	
22∫ City & Stati		City & State				Fee Required	
—-n	€:	26			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 { Zip	Country	Zip	Cour	irv	8. This corporation has fiability for		
24	25	29	30			Yes No	
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent	
KLE	EIN, MICHAEL I		}(Name			
3246 HARRINGTON DRIVE			la de	Street Add	iress (P.O. Box Number is Not Acceptal	ole)	
BO	CA RATON FL 33496		<u> </u>		<u> </u>	·	
			}'	33	•		
			1	Gity		85 Zip Code	
44 0	107.00	0 1 CO7 1500 Finds	Charles also also			FL T T T T T T T T T	
office or r	to the provisions of Sections 607,050, registered agent, or both, in the State rm familiar with, and accept the obliga	of Florida. Such change alions of, Section 607.05	was authorized i05, Florida Statu	by the corpora tes.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	ay an option of the second of		2005			DATE	
12.	Signature, typical or proceed managed negotiered age OFFICERS ANS		(NOTE: Registered	Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
THILE	VPD	☐ DELE		E		Change Addition	
NAME	KLEIN, MICHAEL I.		1.2 NA	AE		•	
STREET ADDRESS	3246 HARRINGTON DR.		1.3 STR	EET ADDRESS		*e de la comp	
CITY- ST-201	BOCA RATON FL			r-ST-ZIP		33 496	
TITLE	DS DELETE		ZI TITL	E		Change Addition	
NAME	KLEIN, RACHELLE		2.2 NA	AE .			
STREET ADDRESS	3246 HARRINGTON DRIVE			EET AODRESS		33496	
CITY - ST - ZIP	BOCA RATON FL	DELE		Y-ST-ZIP		Change Addition	
TITLE	PD FAVOLE EDED	ب الدرو	TE 3.1 TITL 3.2 NAI			M Change L Audilio	
NAME STREET ADDRESS	FAVOLE, FRED 124 ARTHUR MOORE DRIVE			EET ADDRESS	153 PIENCE BUTL	er dr.	
CITY- \$1-ZIP	ST. SIMONS ISLAND GA			Y-ST-ZIP		315W	
TITLE		☐ D£L€				Change Addition	
NAME			4 2 NA	ME)			
STREET ADDRESS			4.3 STA	EET ADDRESS			
CHTY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELL				Change Addition	
NAME			5 2 NA				
STREET ADDRESS			•	EET ADDRESS			
CITY-ST ZIP		DELE		Y-ST-ZIP		Change Addition	
TITLE		F"1 DETS	1	1		T cutanille T without	
NAME CEDALS ADDRESS			6.2 NAI	ľ			
STREET ADDRESS				EET ADDRESS			
14. I do here	L by certify that the information supplier	d with this filing does no	of qualify for the	y-ST-ZIP exemption state	ed in Section 119.07(3)(i), Florida Statut	as. I further certify that the	
information Lam an c appears	on indicated of this armual report or officer or directional the composition of in Block 12 of Block 12 if charling in	fupplemental annual rec the ficeiver or trustee in an in attachment with	oort is true and a empowered to e an address.	courate and that recute this repo	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made under oath; the Statules; and that my name	