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**Jul 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054645 (4)
1. Corporation Name
SOURCE COMMUNICATIONS, INC.



Principal Place of Business: 1515 NORTH FEDERAL HWY. SUITE 300 BOCA RATON FL 33432
Mailing Address: 1515 NORTH FEDERAL HWY. SUITE 300 BOCA RATON FL 33432-1994

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business
21 1500 NW 3RD STREET #100
22 100
23 DEERFIELD BEACH
24 33442 25 USA

2a. Mailing Address
26
27
28
29

4. FEI Number: 65-0508993
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JANSSEN, CARY W
1515 N FED HWY
STE 300
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name: STEELE GRANITE
82 Street Address (P.O. Box Number is Not Acceptable): 1500 NW 3RD STREET #100
83
84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 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: [Signature] DATE: 7/4/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JANSSEN, CARY W	
STREET ADDRESS	1515 NORTH FEDERAL HWY.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	[Scribbled out]	<input checked="" type="checkbox"/> DELETE
NAME	[Scribbled out]	
STREET ADDRESS	[Scribbled out]	
CITY-ST-ZIP	[Scribbled out]	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	STEELE GRANITE	
STREET ADDRESS	1500 NW 3 RD STREET #100	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEELE GRANITE	
1.3 STREET ADDRESS	1500 NW 3 RD ST #100	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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.

SIGNATURE: [Signature] DATE: 7/4/97 9841725-0277

CR2E034 (9/96)