

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

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97 OCT 22 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000047622 (2)

1. Corporation Name

MULTI-SOURCE LABS, INC.

Principal Place of Business

2345 FRIENDLY ROAD  
FERNANDINA BEACH FL 32034

Mailing Address

2345 FRIENDLY ROAD  
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1995		3a. Date of Last Report 04/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3352670		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

GOODWIN, JAMES W  
111 EAST MADISON STREET  
SUITE 2300  
TAMPA FL 33602

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 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, 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	PD	1.1 TITLE	P
NAME	ADAMS, ART A	1.2 NAME	CAPPS, M DAVID
STREET ADDRESS	2345 FRIENDLY ROAD	1.3 STREET ADDRESS	2345 FRIENDLY ROAD
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	STD	2.1 TITLE	
NAME	STUBBS, WENDY G	2.2 NAME	300002328553-16
STREET ADDRESS	2345 FRIENDLY ROAD	2.3 STREET ADDRESS	-10/23/97-01107-015
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	****330.00 ****165.00
TITLE	VD	3.1 TITLE	
NAME	STUBBS, JAMES L	3.2 NAME	
STREET ADDRESS	2345 FRIENDLY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

DAVID CAPPS 10/8/97 904-261-7831

CR2E034 (4/97)

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CARIBBEAN BREEZE INTERNATIONAL, INC.

October 8, 1997

To Whom It May Concern:  
Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

DEAR SIR OR MADAM:

Please find enclosed (2) two 1997 corporate filing applications. Due to personnel changes and the relocation of our office, we did not receive the first notice of filing. After speaking with a representative at 904-488-9000, I am sending you the corrected amount for our filing.

Thank you for your kind attention to this matter. Please contact me at (904) 261-7831 if you have any questions regarding this or any information regarding our applications.

Sincerely,



Sherry Wight  
Office Manager

Enclosures (2)

SW/al