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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90065 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000052765 1. Corporation Name INVESTMENT SOURCES, INC.			
Principal Place of Business % HOLDING CAPITAL GROUP, INC. 104 CRANDON BLVD., ROOM 419 KEY BISCAVNE FL 33149		Mailing Address % HOLDING CAPITAL GROUP, INC. 104 CRANDON BLVD., ROOM 419 KEY BISCAVNE FL 33149	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent GALAN, MARIA J 104 CRANDON BLVD. ROOM 419 KEY BISCAVNE FL 33149			
10. Name and Address of New Registered Agent 81 Name Myrna Soto 82 Street Address (P.O. Box Number is Not Acceptable) 104 Crandon Blvd. 83 Room 419 84 City Key Biscayne FL 85 Zip Code 33149			
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 Myrna Soto DATE 4-23-99 (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS DONAGHY, JAMES W CITY-ST-ZIP 7 RIDGEWOOD DRIVE BRIDGEWATER CT		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Bridgewater, CT 06752	
TITLE <input type="checkbox"/> DELETE NAME VS STREET ADDRESS LEISCHNER, STEVEN CITY-ST-ZIP 1979 DOGWOOD DRIVE WESTFIELD MA		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Scotch Plains, NJ 07076	
TITLE <input type="checkbox"/> DELETE NAME CD STREET ADDRESS SPENCER, S.A. CITY-ST-ZIP 251 CRANDON BLVD., #164 KEY BISCAVNE FL		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Key Biscayne, FL 33149	
TITLE <input type="checkbox"/> DELETE NAME AS STREET ADDRESS DENIS, LYNNE CITY-ST-ZIP 10 EAST 53RD STREET, 30TH FLOOR NEW YORK NY		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP New York, NY 10022	
TITLE <input type="checkbox"/> DELETE NAME AS STREET ADDRESS CIPULLY, DIANE R. CITY-ST-ZIP 7 RIDGEWOOD DRIVE BRIDGEWATER CT		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Bridgewater, CT 06752	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: **Steven Leischer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (305) 361-8864
Date Daytime Phone #

CR2E034 (1/98)