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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

TRADESOURCE TWO, INC.

03-05-1999 90049 011 ***150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # **P95000053153**1. Corporation Name

FILED Mar 05, 1999 8:00 am Secretary of State



Principal Place	e of Business	Mailing Addres	SS							
409 W. HALLANDALE BEACH BLVD. SUITE 212		409 W. HALLAN Suite 212	409 W. HALLANDALE BEACH BLVD. SUITE 212							
HALLANDALE FL 33009			HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated of 07/11/1995	or Qualifed	<u></u>		
2 Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		[]	Applied For	, 1
<u> </u>		26				65-0592109			Not Applica	ble
Suite, Apt.	#. etc.	Suite, Apt.	#, etc.					\$8.7	5 Additiona	1
22		27				5. Certifcate of Status	Desired [Fee	Required	1
City & State			City & State			6. Election Campaign	Financing —	\$5.0	00 May Be	
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	<u>.</u> .	Country	,	g. This corporation ow	es the current year	Intangible		
24	25	29	30]		Personal Property 1		Yes	□No	
	9. Name and Address of Curre		t	<u> </u>		10. Name and Addres	s of New Register	d Agent		
				81	Name					1
	_FSON, ALAN				Street A	Address (P.O. Box Number is N	Not Acceptable)			
	W. HALLANDALE BEACH BLVI).			Street	Idaless (F.O. Dox Number is i	voi Acceptable)			
	TE 212			83						
HALI	LANDALE FL 33009			-					V- 0-4-	
				84	City		F	L 85 2	ip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Flo	orida Statutes,	the abov	e-named c	corporation submits this statem	ent for the purpose	of changing	its registere	ed
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florida. Such cha gations of, Section 607	ange was auth 7.0505, Florida	orized by Statutes	the corpor i.	ration's board of directors, i he	ereby accept the ap	oointment a	s registerea	}
										1
SIGNATURE	Signature broad or printed name of rapistared as	gent and title if applicable	(NOTE: Re	nistered Age	nt signature red	Quired when reinstating)	DATE			
	Signature, typed or printed name of registered as		(NOTE: Re		nt signature rec	quired when reinstating) ADDITIONS/CHANG		AND DIREC	CTORS IN 1	2
12.		AND DIRECTORS	(NOTE: Re	gistered Ager	nt signature rec	quired when reinstating) ADDITIONS/CHANG		AND DIREC		
12. TITLE	OFFICERS A	AND DIRECTORS		13.	nt signature rec					
12. TITLE NAME	D WOLFSON, ALAN	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME						
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, ALAN	AND DIRECTORS 1 BLVD., SUITE 212	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS				ge ☐ Add	dition
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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 of 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: