

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90146 042 ***150.00

DOCUMENT # P95000056188

1. Corporation Name
SOURCENET, INC.



Principal Place of Business
10304 SUNRISE LAKES
STE 203
SUNRISE FL 33323
US

Mailing Address
P.O. BOX 16871
FT. LAUDERDALE FL 33318
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1995

2. Principal Place of Business
21 3880 Sheridan St.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 814154
Suite, Apt. #, etc.

4. FEI Number
59-3325354
Applied For
Not Applicable

22 City & State
23 Hollywood, FL
Zip 33021 Country U.S.

27 City & State
28 Hollywood, FL
Zip 33081 Country U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33021 25 U.S. 29 33081 30 U.S.

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIENT, J S
2219 N 36TH AVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name Joel S. Friend
82 Street Address (P.O. Box Number is Not Acceptable)
2219 N. 36th Ave.
83
84 City Hollywood FL 85 Zip Code 33021

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

TITLE PD
NAME MAYSLES, COREY
STREET ADDRESS 4321 GREENBRIAR LANE
CITY-ST-ZIP WESTON FL 33331

TITLE VD
NAME TACKTILL, SCOTT A
STREET ADDRESS 10304 SUNRISE LAKES, 203
CITY-ST-ZIP SUNRISE FL 33323

TITLE VCT
NAME FRIEND, J S
STREET ADDRESS 2219 N 36TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VDS
NAME FRIEND, MICHAEL J
STREET ADDRESS 2219 N 36TH AVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Same
2.2 NAME Same
2.3 STREET ADDRESS 7807 Woodcreek Drive
2.4 CITY-ST-ZIP Sarasota, FL 34231

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(954) 985-1157

Daytime Phone #

CR2E034 (11/98)