FILED

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90203 037 ***150.00

RROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #\P9500066731

SOURCE TECHNOLOGY INTERNATIONAL, INC.

		Mailian Address		L 10841003 148 70103 01113 88451 08114 NO44 884	IN BAILE NIAN 18000 AISDA HAR 1803
Principal Place of Business		Mailing Address			
6340 N.W. 120TH DRIVE 6340 N.W. 120TH DRIVE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 330		CORAL SPRINGS FL 33076		·	
US US			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 08/28/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEi Number	Applied For
21		26		65-0619168	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certicate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29 3	30	Personal Property Tax.	Yes □No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
0.10	DED. ##10 0 084		81 Name	oho Brunt, CPA	
	RERA, JULIO C. CPA			dress (P.O. Box Number is Not Acceptable)	
	BRUNT & COMPANY, P.A.				
	TAFT STREET SUITE 3003		83	•	
HOL	LYWOOD FL 33024		84 City		85 Zip Code
				· F	L } '}
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named cor	rporation submits this statement for the purpose	of changing its registered
A4600 0F F	egistered agent, or both, in the State im rammar with, and accept the oblig	a of Florida. Such change was alli	monzea av ine comorai	tion's board of directors. I hereby accept the app	omunem as registered
-	The state of the s				01/06/99
SIGNATURE	Signature, typed or printed pain of registered ag	gent and title if applicable. (NOTE: R	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DP	I DELETE	1.1 TITLE	contact Hitchell	Change Addition
NAME	Lombard, Mitchell		1.2 NAME	one thrue st 120	ariue.
STREET ADDRESS	8655 BANYAN WAY		1,3 STREET ADDRESS	coral springs iff is	3-10-71 L
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	COLAR SELINGS LAC 1 3	
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u>.</u>	<u> </u>
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CiTY-ST-ZIP		·
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		*
STREET ADDRESS			5.3 STREET ADDRESS	-	
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
		_	B I		
			6.2 NAME		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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 supplementar 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 loseiver of fusite 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.

6.4 CITY-ST-ZIP

SIGNATURE:

3868