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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047834

1. Corporation Name

SOURCE EINDERS, INC.

SOURGE	: FINUENS, INC.										
Principal Place	e of Business	Mailing Address				E AMONETALI INDICATOR BATTA	BBIII ABIN ABIN	Ellii Arbii ibati	18187 111))	
418 RIVER EDG	SE ROAD	418 RIVER EDGE ROAD									
JUPITER FL 334	477	JUPITER FL 33477	JUPITER FL 33477			DO NOT WRITE IN THIS SPACE					
					3. Date	e Incorporated or Qu					ן
						05/1996					1
2. Principal P	lace of Business	2a, Mailing Address				Number		<u> </u>	Appli	ed For]
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23		28				st Fund Contribution			ted to I		┥
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AME	PILAWYER CHARTERED	•	_	1							4
	ALMERIA AVENUE		8:	2 Street	Address (P.O. E	Box Number is Not A	(cceptable)				1
	VAL GABLES FL 33134		8	3	·		• • •	- 11.	-	1.1	1
						<u> </u>	<u>; </u>	- 11 I	·	1631	-
			8-	4 City				E1 85	Zip Coi	16	1
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11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu			corporation sub	omits this statement f	for the purpor	se of changin	g its re	gistered	1
11. Pursuant office or n	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu e of Florida, Such change was ations of Section 807.0505, Florida			corporation sub oration's board o	omits this statement to of directors, I hereby	for the purpor accept the a	se of changing appointment a	g its re s regis	gistered tered	-
	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and gocept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was attions of Section 607.0505, Florida			corporation sub oration's board o	omits this statement to of directors, I hereby	for the purpor accept the a	se of changing	g its re s regis	gistered tered	-
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	Signature, typed of printed name of registered ag	ent and title if applicable. (NOT ND DIRECTORS	ntes, the aborauthorized borida Statute E: Regulered Ag 13.	we-named by the corporation and augmenture of	stanies neine berupp		DA	S AND DIRE	CTORS	5 IN 12	1/98}
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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 suppliemental 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 AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

FILED

Jan 20, 1999 8:00 am Secretary of State

01-20-1999 90009 035 ***150.00