THE FORTER OF THE FIFTHER FOR TO FIN BOOUT PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secrety of State 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P90000 53925 99 JUL 13 PM 1:51 Main Source, INC. Mailing Address Principal Place of Business 240 NWathst Same BOCA Raton, FL 33432 DO NOT WRITE IN THIS SPACE corporated or Qualifed 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip This corporation owes the current year Intangible 24 30 [′]□No Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Mark Noffman 240 NW 9th st Bock Raden FC Street Address (P.O. Box Number is Not Acceptable) 33432 City Zip Code FL 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 () DELETE TITLE 11 IME Change Addition Owner made 1 to ffmen 50000294333 NAME 1.2 NAME -07/27/99--01076--019 STREET ADDRESS 240 NW 944 ST 1.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 1.4 C(TY+ST-Z)P MLE DELETE ☐ Add∞cr 2.1 TITLE NAME 22 NAME STREET ACCRESS 2.3 STREET ADDRESS CITY-ST-2P 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Acc ton NAME 32 NAME STREET ADORESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Acc to: TITLE AIDDE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Acc 1: 51 mm.E NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST+ZIP a.: TITLE Acc × MLE DELETE TS NAME 6 2 NAME STREET ADDRESS 8.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZP 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 States. 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 States; 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

240 NW 9th St. Boca Raton FL 33432 May 28, 1999

Annual report
Divisions of Corporations
Annual Reports Filings
PO Box 1500

Tallahassee, FL 32302-1500

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To Whom It May Concern:

I never received a document to file with your department. I called and a gentleman mailed me out one. I received this but then lost it. I went to a friends company and he gave me a copy of his company's. So I whited out his info and put in mine. Any problems or questions call me at 561-367-8996.

Respectfully,

Mark Hoffman

Owner

Main Source. Inc