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 Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90085 034 ***150.00

DOCUMENT # P96000058308

1. Corporation Name

MANAGEMENT SOURCE, INC.

Principal Place of Business 696 N. MAITLAND AVE MAITLAND FL 32751

2. Principal Place of Business

Mailing Address

P.O. BOX 1531 ORLANDO FL 32802

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/10/1996

59-3390223

4. FEI Number

City & State 2	Suite, Apt.	hand the second			5. Certificate of Status Desired	\$		Additional		
28 Country Zip Country Zip Country S. This corporation S. This corporation Added to Pees A	22		27						Fee Re	quired
9. Name and Address of Current Registered Agent KEMP, E DAVID 809 N HYER AVE ORLANDO FL 32803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Vip Code 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 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, and accept the obligations of, Section 607,0503, Florida Statutes. Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0503, Florida Statutes. Statutes. Statutes agent. I am familiar with, and accept the obligations of, Section 607,0503, Florida Statutes. Statut	23 City & Sta	te	<u></u>					,		
9. Name and Address of Current Registered Agent KEMP, E DAVID 609 N HYER AVE ORLANDO FL 32803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Vereit Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's band of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 607,0502, Florida Statutes. SIGNATURE Signature, typical or provision rame of registered agent and liter il registered. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. CITY ST. Zip 12. OFFICERS AND DIRECTORS 14. CITY ST. Zip 12. OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS 14. CITY ST. Zip 12. OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS 14. CITY ST. Zip 14. TITLE 15. TITLE 16. Change Addition 17. ST. Zip 17. ST. Zip 18. Change Addition 18. STREET ADDRESS 18. STREET	Zip	Country	Zip	Zip Country			8. This corporation owes the current year	Intangit	le	
KEMP, E DAVID 609 N HYER AVE ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 Address (P.O. Box Number is Not Acceptable) 87 Address (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is Not Acceptable) 80 Address (P.O. Box Number is Not Acceptable) 81 Address (P.O. Box Number is Not Acceptable) 81 Address (P.O. Box Number is Not Acceptable) 82 Address (P.O. Box Number is Not Acceptable) 82 Address (P.O. Box Number is Not Acceptable) 83 Address (P.O. Box Number is Not Acceptable) 84 City FL BS Zip Code 85 Address (P.O. Box Number is Not Acceptable) 85 Address (P.O. Box Number is Not Acceptable) 86 Address (P.O. Box Number is Not Acceptable) 86 Address (P.O. Box Number is Not Acceptable) 87 Address (P.O. Box Number is Not Acceptable) 86 Address (P.O. Box Number is Not Acceptable) 87 Address (P.O. Box Number is Not Acceptable) 87 Address (P.O. Box Number is Not Acceptable) 88 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 89 Addition Address (P.O. Box Number is Not Acceptable) 80 Address (P.O. Box Number is Not Acceptable) 80 Address (P.O. Box Number is Not Acceptable) 81 Address (P.O. Box Number is Not Acceptable) 81 Address (P.O. Box Number is Not Acceptable) 82 Address (P.O. Box Number is Not Acceptable) 82 Address (P.O. Box Number is Not Acceptable) 83 Address (P.O. Box Number is Nu	24	25	29	30						
KEMP, E DAVID 609 N HYER AVE ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City		9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	ed Ager	t	
Street Address (P.O. Box Number is Not Acceptable)	VEN	ID E DAVID			81	Name				
ORLANDO FL 32803 83 84 City FL 85 Zip Code 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 of 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I TITLE OFFICERS AND DIRECTORS IN 12 I TITLE I TITLE ORLANDE 1.2 NAME 1.3 STREET ADDRESS 2.2 LTTILE Change Addition NAME 1.3 STREET ADDRESS 2.2 LTTILE Change Addition AME 1.3 STREET ADDRESS 2.4 CITY ST. 2P THE Change Addition AME 1.3 STREET ADDRESS 2.4 CITY ST. 2P THE Change Addition AME 1.3 STREET ADDRESS 2.4 CITY ST. 2P THE Change Addition AME 1.3 STREET ADDRESS 2.4 CITY ST. 2P THE Change Addition AME 1.3 STREET ADDRESS 2.4 CITY ST. 2P THE Change Addition AME 1.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY ST. 2P THE Change Addition AME 5.3 STREET ADDRESS 5.4 CITY ST. 2P THE Change Addition AME 5.3 STREET ADDRESS 5.4 CITY ST. 2P THE Change Addition AME 5.3 STREET ADDRESS 5.4 CITY ST. 2P THE Change Addition AME 6.3 STREET ADDRESS 5.4 CITY ST. 2P THE Change Addition AME 6.3 STREET ADDRESS 5.4 CITY ST. 2P THE Change Addition AME 6.3 STREET ADDRESS 5.4 CITY ST. 2P THE Change Addition ADDRESS 5.5 STREET	609 N HYER AVE			- H	82 Street Address /P.O. Boy Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 signal. I am lamilari with, and accept the obligations of, Section 607.0505, Florida Statutes. Section 1				ľ	Substitudios (1. O. Dox Hallibor is Not Acceptable)					
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 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 and armalize with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature lyned or protein varies of registered agent and liter applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITUE PVD WOMACK, PAT 1249 LK MARGARET DR. ORLANDO FL 32806 DELETE 1240WE 23 STREET ADDRESS DRIANDO FL 32806 DELETE 21 TITLE 22 LYNME 23 STREET ADDRESS DRIANDO FL 32806 THE PATTER STREET ADDRESS DRIANDO FL 32806 THE PATTER STREET ADDRESS DRIANDO FL 32806 THE STREET ADDRESS DRIANDO FL 32806 THE STREET ADDRESS TH	ORL	ANDU FL 32803		ļī.	83		110 - 110 i			
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 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 and armalize with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature lyned or protein varies of registered agent and liter applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITUE PVD WOMACK, PAT 1249 LK MARGARET DR. ORLANDO FL 32806 DELETE 1240WE 23 STREET ADDRESS DRIANDO FL 32806 DELETE 21 TITLE 22 LYNME 23 STREET ADDRESS DRIANDO FL 32806 THE PATTER STREET ADDRESS DRIANDO FL 32806 THE PATTER STREET ADDRESS DRIANDO FL 32806 THE STREET ADDRESS DRIANDO FL 32806 THE STREET ADDRESS TH					_	***			1	
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation's submits, this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature Signa					84	City	ſ	- I 85	Zip (Code
omice of 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, and accept the obligations of, Section 607/505/5. Priorida Statuture. Signature Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered agent agent and an accept the obligations of, Section 607/505/5. Priorida Statuture.) PVPD	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the abo	ove-	-named corpor	ation submits this statement for the nurnes	of chan	nina its	registered
Signature Sign	office or r	egistered agent, or both, in the State o	f Florida. Such change was	authorized l	by ti	he corporation	's board of directors. I hereby accept the ap	pointmer	it as re	gistered
Signature, typed or printed name of registance agent and title if applicables (NOTE Registance Agent signature required when rematating) DATE	-	in lamilar with, and accept the congain	ons or, Section 007,0303, r	TOTICA Statut	162					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE WOMACK, PAT	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered A	\gent :	signature required w	/hen reinstating) DATE			 أ
PVPD	12.	OFFICERS AND				•			RECTO	RS IN 12
STREET ADDRESS OPEN STREET	TITLE	PVPD	☐ DELETE	1.1 TITL	.Ę	1				
ORLANDO FL 32806 ITALE DELETE 21 TITLE Change Addition	NAME	WOMACK, PAT		1.2 NAM	Æ	1				
ORLANDO FL 32806 IT Change Addition Add	STREET ADDRESS	2149 LK MARGARET DR.		1.3 STR	EETA	ADDRESS				
DELETE	CITY-ST-ZIP	ORLANDO FL 32806								
VAME	TITLE		☐ DELETE				Min. min.		hange	Addition
2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TILE 4.1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP TITLE 5.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE TI	NAME					l				
2.4 CITY-ST-ZIP	STREET ADDRESS					Anneess				
DELETE										
AME	TITLE		☐ DELETE			· ZIP			hange	□ Addition
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.3 STREET ADDRESS	NAME			1		1	-	L., 1	nongo	
34. CITY-ST-ZIP					_	NODECC	-		•	
TILE				- 6						
4. 2 NAME 4. 3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME 5.2 NAME STREET ADDRESS	TITLE		□ DELETE			ZIP	100,000		hanne	□ Addition
### ##################################	NAME			1				Ц	nango	
### 44 CITY-ST-ZIP ####################################						DODECC				Ì
TILE										
S2 NAME			DELETE			ZIP			banaa	C Addition
53 STREET ADDRESS	1								nange	☐ Addidoi:
S4 CITY-ST-ZIP	1					nnpess				
TILE	i									
62 NAME	TITLE		☐ DELETE			20			hanna	☐ Addition
TREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	NAME			1				<u> </u>	natiye	AGUIUO(1)
ity-st-zip 6.4 City-st-zip						nnpess				Ì
	i			- 8						ĺ
4. I DEFEND CERTIFUTION THE INTORMATION SUPPRISH With this filling does not qualify for the examption stated in Caption 440 07(2)(1). Flexible Caption 440 07(2)(1)		ertify that the information connlice with	this filing does not qualify				tion 110 07/2\(i)\ Election (140 07/2\(i)\)		4 Ab !-	farmati

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 of the reteiver or trustee empowered to execute this report as required by Chapter 697, 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:

CR2E034 (11/98)

Applied For

Not Applicable