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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sector DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000092086 (3)

TRADE SOURCE INTERNATIONAL, INC. Principal Place of Business Mailing Address 5336 2ND RD 5336 2ND RD LAKE WORTH FL 33467 LAKE WORTH FL 33467-5636									
			;			3. Date incorporated or Qualified 11/07/1996	3a. Date of	Last Re	eport
2. Principa! F	Place of Business	2a. Mail	ing Address			4. FEI Number		Ар	plied For
21	A. M. I. A.	26				65-0346818			t Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 A Fee Re	Additional
22 City & Sta	!e	27 City	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip		Country	,	8. This corporation has liability for	intangible tax ı		199.032,
24	25	29		30		Florida Statutes Yes No		~····	
	9. Name and Address of Cur	rent Registered	Agent	81	Name	10. Name and Address of New Re	gistered Ager	11	
	RMAN, DAVID L								·····
	BUS HWY ONE ITE 303			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole) .		
	RTH PALM BEACH FL 33408			83					
, ,,,	MITTINEM DENOTITIE COTOS			84	City		B	Zip (Codo
	•					poration submits this statement for the ation's board of directors. I hereby acce	FL		
agent Ta SIGNATURE 12.			cable (NO	TE Registered Age		ired when reinstaling) ADDITIONS/CHANGES TO OFFICE			
TITLE	DODLE		☐ DELETE	1.1 TITLE			L.,	Change	Addition
NAME States approved	OKDLE, RICHARD H 5336 2ND RD			1.2 NAME	ADDRESS				
STREET ADDRESS OITY-ST-7IP	LAKE WORTH FL 33467			1.4 CITY-5					
TILLE	DATE WORTH E GOTO		DELETE	2.1 TITLE	JI-ZIF			Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY - ST - ZIP				2. 4 CITY-	ST - ZIP				
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CHY-ST-Zif				3.4. CITY-					
PHTE THE		······································	DELETE	4 1 TITLE				Change	Addition
NAME				4 2 NAME]				
STREET ADDRESS				4.3 STREET	I ADDRESS				
CHTY - S1 - ZiF				4.4 CITY - 5	ST-ZIP				
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NAME				5.2 NAME					
STREET ADDRESS					FADDRESS				
CITY-ST-ZIP			DELETE	5.4 CITY - 5	ST-ZIP			Change	Addition
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NAME Dance standage				6.2 NAME	T ADDOCCO				
STREET ADDRESS				035INEE	T ADDRESS				

SIGNATURE:

14. I do 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 officer.

FILED

May 02 1997 8:00am

Secretary of State