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

DOCUMENT # P96000092086

1, Corporation Name

TRADE SOURCE INTERNATIONAL INC.

INAUL	SOUNCE INTERNATIONAL,	IIVO.			
Principal Place	e of Business	Mailing Address			ISO INTIO CINCI PRINT INTO ANCIENT
5336 2ND RD 5336 2ND RD					
LAKE WORTH FL 33467 LAKE WORTH FL 33467					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
			<u> </u>	11/07/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		65-0346818	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired .	\$8.75 Additional
22		27			Fee Required
City & State	e .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zìp	Country	Žíp	Country	8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Currer	nt Registered Agent	81 Name C		o Agent
GOR	IMAN, DAVID L			CICHARD ODLE	
618 US HWY ONE			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
SUITE 303			3	5336 ZNA (C)	
· ·			83		}
NORTH PALM BEACH FL 33408			84 City	2 1/2 2 2	85 Zip Code
				-AKE WORTH F	L 33467
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the state m familiar with and accept the object.	of Florida, Such change was autations of Florida, Such change was autations of Section 607.0505, Florida	, the above-named corporat horized by the corporat la Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: R	egistered Agent signature requir	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
NAME	ODLE, RICHARD		1.2 NAME		
STREET ADDRESS	5336 2ND RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	منات ۽ بيره ما		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	·.	·
			3.3 STREET ADDRESS	r	
STREET ADDRESS	·		3.4. CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	·	☐ Change ☐ Addition
TITLE					
NAME			4. 2 NAME	•	•
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE		C) DETELE	5.1 TITLE 5.2 NAME		
NAME				·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition

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 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90058 026 ***150.00