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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000100182

1. Corporation Name

SOURCE	LINE PRODUCTS, INC.									
Principal Place	of Business	Mailing A	Address							
10619 W. ATLAN	NTIC BLVD.	-	ATLANTIC BLVD.							
#127 #127 CORAL SPRINGS FL 33071 COR			127 Oral Springs FL 33071				DO NOT WRITE IN THIS SPACE			
COMAE SPRINGS PE 30071 OCANE OF TIMOS PE 30071						3. Date Incorporated or Qualife				
	•						12/10/1996			1
2 Principal Pl	ace of Business	2a. Maili	ng Address				4. FEI Number		Ap	plied For
21		26	ŭ				65-0713043		No	t Applicable
Suite, Apt.	#, etc.		, Apt. #, etc.						\$8.75 A	dditional
22		27					5. Certifcate of Status Desired	<u></u>	Fee Re	quired
City & State	9	City	& State				6. Election Campaign Financin	g 🗆	\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the co	urrent year Int	tangible	
24		29		30]			Personal Property Tax.			₩No
	9, Name and Address of Current	Registered	Agent				10. Name and Address of Nev	v Registered	Agent	
KDIO	EL 0				81	Name				
	EL, C		ţ			Street Addres	ss (P.O. Box Number is Not Acce	ptable)		
	9 W. ATLANTIC BLVD.						<u> </u>			
#127										
CORAL SPRINGS FL 33071				84	City			85 Zip C	Code	
	•				l i	•		FL	<b>-</b> 1 1	}
agent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Secti	on 607.0505, FIO	nda Stati	utes.	e corporation		cept the appo	intment as re	gistered
12,	OFFICERS AND				rigoni, o	- gradio to rodanio e				
TITLE		JUIKEGIUR	RS	<b>1</b> 3.			ADDITIONS/CHANGES TO (	OFFICERS AF	ND DIRECTO	RS IN 12
'''	ų p	DIRECTOR	rs Delete	13. 1,1 TI	TLE	1	ADDITIONS/CHANGES TO C	OFFICERS A	ND DIRECTO Change	RS IN 12
NAME	P CELIA KRIGEL	DIRECTOR		_			ADDITIONS/CHANGES TO C	OFFICERS A		
NAME STREET ANDRESS	CELIA KRIGEL	DIRECTOR		1.1 TT 1.2 N/	AME	DDRFSS	ADDITIONS/CHANGES TO (	OFFICERS A		
STREET ADDRESS	CELIA KRIGEL 10619 W ATLANTIC BLVD 127	DIRECTOR		1.1 TT 1.2 NA 1.3 \$1	AME TREET AL		ADDITIONS/CHANGES TO (	OFFICERS A		
STREET ADDRESS CITY-ST-ZIP	CELIA KRIGEL	DIRECTOR		1.1 TT 1.2 NA 1.3 \$1	AME TREET AC		ADDITIONS/CHANGES TO (	OFFICERS A		
STREET ADDRESS CITY-ST-ZIP TITLE	CELIA KRIGEL 10619 W ATLANTIC BLVD 127	DIRECTOR	□ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TF	AME TREET AL TY-ST-Z TLE	ZIP	ADDITIONS/CHANGES TO (	OFFICERS AI	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	DIRECTOR	□ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/	AME TREET AN TY-ST-Z TLE AME	ZIP	ADDITIONS/CHANGES TO (	OFFICERS AI	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CELIA KRIGEL 10619 W ATLANTIC BLVD 127	JUREC TOP	□ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	AME TREET AL TY-ST-Z TLE AME TREET AL	DDRESS	ADDITIONS/CHANGES TO	DEFICERS A	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JURECTOR	□ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	AME TY-ST-Z TLE AME TREET AL	DDRESS	ADDITIONS/CHANGES TO C	DFFICERS AI	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	. · ·	DELETE DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CF 2.1 TT 2.2 N/ 2.3 ST 2.4 C	AME TY-ST-Z TLE  AME TREET AL TREET AL TREET AL	DDRESS	ADDITIONS/CHANGES TO C	DEFICERS AI	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	J DIRECTOR	DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NJ 2.3 ST 2.4 C 3.1 TIT 3.2 NJ	AME TREET AT TLE AME TREET AT TREET AT TLE AME TREET AT TLE AME	DDRESS ZIP	ADDITIONS/CHANGES TO C	OFFICERS AI	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JURECTOR	DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST	TY-ST-Z TLE TREET AL TREET AL TTY-ST-Z TLE AME TREET AL	DDRESS ZIP	ADDITIONS/CHANGES TO C	OFFICERS AI	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JURECTOR	DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT 3.2 NA 3.3 ST	TY-ST-Z TLE TREET AL TREET AL TLE AME TLE AME TREET AL TLE AME TREET AL TREET AL TREET AL	DDRESS ZIP	ADDITIONS/CHANGES TO C	DFFICERS AI	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JURECTOR	DELETE  DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT	AME TY-ST-Z TLE AME TREET AL TTLE AME TREET AL TREET AL TREET AL TREET AL TREET AL	DDRESS ZIP	ADDITIONS/CHANGES TO C	DEFICERS A	Change Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	. ···	DELETE  DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.2	TY-ST-Z TLE TREET AL TY-ST-Z TLE TREET AL TTLE AME TREET AL TTLE TLE TLE TLE TLE TLE TLE TLE TLE T	DDRESS DDRESS ZIP	ADDITIONS/CHANGES TO C	OFFICERS AI	Change Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	. · · ·	DELETE  DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CC 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/ 3.3 ST 3.4 .C 4.1 TT 4.2 N/ 4.3 ST	TREET ALT TY-ST-Z TLE TREET ALT TLE AME TREET ALT TLE AME TREET ALT TLE TLE TLE TLE TLE TLE TLE TLE TLE T	DDRESS DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO (	DFFICERS AI	Change Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	. · ·	DELETE  DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 . CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC	TREET ALT TY-ST-Z TLE AME TREET ALT TLE AME TREET ALT TLE TREET ALT TLE TREET ALT TLE TREET ALT	DDRESS DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO (	OFFICERS AI	Change Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JUREC TOP	DELETE DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CC 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/ 3.3 ST 3.4 .C 4.1 TT 4.2 N/ 4.3 ST	TITE TALL  THE TAME	DDRESS DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO C	FFICERS AI	Change Change Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JUREC TOP	DELETE DELETE	1.1 TT 1.2 NV 1.3 S1 1.4 CT 2.1 TY 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV	TITE TALL  THE TAME	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	ADDITIONS/CHANGES TO C	OFFICERS AI	Change Change Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CELIA KRIGEL 10619 W ATLANTIC BLVD 127 CORAL SPRINGS FL	JURECTOR	DELETE DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 .C 4.1 TT 4.2 NA 4.3 ST 4.4 CCI 5.1 TT 5.2 NA 5.3 ST	TREET AU TTY-ST-Z TLE TREET AU	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	ADDITIONS/CHANGES TO C	PFFICERS AI	Change Change Change	Addition Addition Addition

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

**CEQUIRED** INING OFFICER OR DIRECTOR

956778Z