

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90001 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000007535**

1. Corporation Name
ONE SOURCE FINANCIAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8000 S. FEDERAL HWY. SUITE 301
 PORT ST LUCIE FL 34952**

Mailing Address
**8000 S. FEDERAL HWY. SUITE 301
 PORT ST LUCIE FL 34952**

3. Date Incorporated or Qualified
01/24/1997

4. FEI Number
65-0725110

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
**WILLIAMS, LEIGH A
 555 COLORADO AVE.
 STUART FL 34994**

10. Name and Address of New Registered Agent
 81 Name
Gallese, William F.
 82 Street Address (P.O. Box Number is Not Acceptable)
8000 S. Federal Hwy., #301
 83
 84 City
Port St. Lucie FL 85 Zip Code
34952

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 *[Signature]* DATE **3-3-99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELLANTONI, CARMEN	
STREET ADDRESS	2126 S.W. GULL HARBOUR LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHEELEY, MARK	
STREET ADDRESS	354 BAYSINGER AVE.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEONARD P BOGDAN JR	
1.3 STREET ADDRESS	8000 S FEDERAL HWY, SUITE 301	
1.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
2.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN R GRANT	
2.3 STREET ADDRESS	8000 S FEDERAL HWY SUITE 301	
2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *[Signature]* DATE: **3-3-99** DAYTIME PHONE #: **561-337-5566**

CR2E034 (1/98)