

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97 0006 27674

1. Corporation Name

INTER SOURCE DIRECT, INC.

Principal Place of Business

Mailing Address

28870 US 19 N
SUITE 230

Same

Clearwater, FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-24-97

2. Principal Place of Business

21 40347 US 19 N

Suite, Apt. #, etc.

22 Suite 136

City & State

23 Tarpon Springs, FL

Zip

24 34689

Country

25 USA

2a. Mailing Address

26 P.O. Box 1076

Suite, Apt. #, etc.

27

City & State

28 Tarpon Springs, FL

Zip

29 34688

Country

30 USA

4. FEI Number

59-3436676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Donizetti, Maria
980 CARSTAIRS CT
Tarpon Springs, FL 34689

10. Name and Address of New Registered Agent

81 Name

GARY STROHAUER

82 Street Address (P.O. Box Number is Not Acceptable)

1150 CLEVELAND ST

83

84 City

Suite 300

Clearwater

FL

85 Zip Code

34616

11. Pursuant to the provisions of Sections 607.0602 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 607.1505, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement on behalf of corporation

(NOTE: Registered Agent signature required when registering)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DONIZETTI, MARIA	
STREET ADDRESS	980 CARSTAIRS CT	
CITY-ST-ZIP	TARPO SPRINGS, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DONIZETTI, LARRY	
STREET ADDRESS	980 CARSTAIRS CT	
CITY-ST-ZIP	TARPO SPRINGS, 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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 modification with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.98

CR2E034 (10/97)