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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029178 (5)
1. Corporation Name
ONE SOURCE REAL ESTATE SERVICES CENTER, INC.



Principal Place of Business

Mailing Address

4099 TAMiami TrL., N.
NAPLES FL 34103

4099 TAMiami TrL., N.
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 2nd FLOOR
23 City & State

26 Suite, Apt. #, etc.
27 City & State

24 Zip
25 Country
29 Zip
30 Country

3. Date Incorporated or Qualified

04/01/1997

4. FEL Number

59-3443466

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

10. Name and Address of New Registered Agent

STEINWAND, JOHN A
4099 TAMiami TrL., N.
NAPLES FL 34103

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEINWAND, JOHN A
STREET ADDRESS 4099 TAMiami TrL., N.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME SAROSDY, MARK
STREET ADDRESS 4099 TAMiami TrL., N.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME SINKS, RONALD G
STREET ADDRESS 4099 TAMiami TrL., N.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME LEE, GINNY
STREET ADDRESS 4099 TAMiami TrL., N.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME HIRONEN, JAMES
STREET ADDRESS 4099 TAMiami TrL., N.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME DICKERSON, BARBARA
STREET ADDRESS 4099 TAMiami TrL., N.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ 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 a address.

SIGNATURE

4-21-98

011-262-4333

CR2E034 (10/97)