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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032593 (0)

THE SE	ERVICE SOURCE, INC.					
Principal Plac	e of Business	Mailing Address			{	10 <b>0</b>
8000 NE 8TH CT MIAMI FL 33138		8000 NE 8TH CT MIAMI FL 33138		DO NOT WRITE IN THIS	SPACE	
ĺ					3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address			04/10/1997 4. FEI Number	Au-lind For
21 26		<b>⊢</b> -1	, inc., inc.		65-0743453	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z(p)	30 Cou	untry	This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible Yes No
	9. Name and Address of Currer		100	T	10, Name and Address of New Registered	
WALKER, GUSSIE R 8000 NE 8TH CT MIAMI FL 33138			\ <u>\</u>		dress (P.O. Box Number is Not Acceptable)	
				83		
-				84 City	FL	85 Zip Code
l office or r	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the oblig	⊧of Florida. Such <b>change w</b> a	s authorize	ed by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered age		CAC De l	d Agent signature requ	uired when reinstating) DATE	
12.	Of FICERS AN		13.	o Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	ITLE		☐ Change ☐ Addition
NAME	WALKER, GUSSIE R		1.2 N	AME		
STREET ADDRESS	8000 NE 8TH CT		1.3 \$	TREET ADDRESS		]
CITY-ST-ZIP	MIAMI FL 33138		1.4 C	ITY-ST-ZIP		
TITLE		☐ DELETE	2.1 T	ITLE		☐ Change ☐ Addition
NAME			2.2 N	1		
STREET ADDRESS			235	TREE1 ADDRESS		
CITY-ST-ZIP		- December		CITY-ST-ZIP		
TITLE		☐ DĒLETE	317	ſ		Change Addition
NAME			3.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C	TIF		Change Addition
NAME		C. OKCIL	4.21			
STREET ADDRESS				TREE1 ADDRESS		
CITY+ST-ZIP				ITY-ST-ZIP		
TITLE		DELETE	5.1 1)	····		Change Addition

14. Thereby certify that the informati Indicated on this annual report in officer or director of the corporal Block 12 or Block 13 if changing on 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 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 one or the receiver or trustly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address.

5.2 NAME

6 1 THEF

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED** 

May 14 1998 8:00am

Secretary of State