

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90001 016 ***550.00

DOCUMENT # P97000040072

1. Corporation Name
STYLE SOURCE LIMITED, INC.

Principal Place of Business

1245 GINGER CIRCLE
WESTON FL 33326

Mailing Address

1245 GINGER CIRCLE
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

65-0751184

Applied For

Not Applicable

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.

☐ Yes ☒ No

2. Principal Place of Business

5750 Pine Terrace

Suite, Apt. #, etc.

PLANTATION

City & State

FL

Zip

33317

Country

USA

2a. Mailing Address

5750 Pine Terrace

Suite, Apt. #, etc.

PLANTATION

City & State

FL

Zip

33317

Country

USA

9. Name and Address of Current Registered Agent

VON BORN, JO-AYNNE
1245 GINGER CIRCLE
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name
Robert Stephen von Born
82 Street Address (P.O. Box Number is Not Acceptable)
5750 Pine Terrace
83 PLANTATION
84 City
FL 85 Zip Code
33317

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

Robert Stephen von Born President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D VON BORN, ROBERT STEPHEN
STREET ADDRESS
1245 GINGER CIRCLE
CITY-ST-ZIP
WESTON FL 33326

TITLE ☒ DELETE

NAME
D VON BORN, JO-AYNNE
STREET ADDRESS
1245 GINGER CIRCLE
CITY-ST-ZIP
WESTON FL 33326

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Robert Stephen von Born

8/30/99 954-351-5176

CR2E034 (5/99)