FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 03 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 P97000061888 (8) DOCUMENT # GLOBAL SOURCE, INC. Principal Place of Business Mailing Address 3941 N.E. 31ST AVE. 3941 N.E. 31ST AVE. LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country Z_{1D} 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PUGHE, TERESA J 3941 N.E. 31ST AVE. Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 83 84 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fartillar with, and accept the obligations of, Section 607.0505, Florida Statutes. nd title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. + PRES. Addition DELETE Change TITLE 1.1 TITLE PUGHE, TERESA J NAME 1.2 NAME 3941 N.E. 31ST AVE 1.3 \$1REET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 1.4 C(1Y - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP

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 comoration 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 chipping, or on an atlact year with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

1/25/08

9(4-7x1- 4903

Change

Addition