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

PROFIT CORPORATION~ ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000097355

SOURCE ADVANTAGE INC.

Principal Place of Business

Mailing Address

May 13, 1999 8:00 am Secretary of State

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05-13-1999 90010 003 ***150.00

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14550 BRUCE B. DOWNS BEVD. #214 TANPA FL 33613	#21414550_BRUCE_B_DOWNS_BLVD_#214 TANPA_FL_33613					
				DO NOT WRITE	E IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/10/1997		· · · · · ·
2. Principal Place of Business 21 15447 Plantation Ocks D	Suite, Apt. #, etc.			4. FEI Number	462 1	ot Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Required		
City & State 23 Tampa FL	City & State	FL		Election Campaign Financing Trust Fund Contribution	1 1) May Be to Fees
Zip Country 24 33647 25 VS	zip 1 29 33647 30	Country	S	This corporation owes the current Personal Property Tax.	nt year Intangible	□No
9. Name and Address of Current F	Registered Agent			10. Name and Address of New Re	gistered Agent	
SNOW, ERIC		81	Name			
14590 BRUCE B. DOWNS BLVD. #214		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
		-			<u> </u>	
15447 Plantation O	iks DC Hill	83				
Tampa FL 33	364)	84	City		F-1 '	Code
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of i agent. I am familiar with, and accept the obligation 				ration submits this statement for the pu 's board of directors. I hereby accept the	rpose of changing its he appointment as re	registered gistered
SIGNATURE		· Owings.				
Signature, typed or printed name of registered agent an		gistered Agent	signature required v	when reinstating)	DATÉ	
12. OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
TITLE 0	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME SNOW, ERIC	į	1.2 NAME				
STREET ADDRESS 14550 BRUCE B. DOWNS BLVD.	#214	1.3 STREET	ADDRESS			
CITY-ST-ZIP ZIANPA FL 33643		1.4 CITY-ST	- ZIP			
NAME 15447 Plantation	10 Ad	2.1 TITLE 2.2 NAMÈ			☐ Change	Addition
STREET ADDRESS) amp a FL	33647	2.3 STREET	ADDRESS		·	
CITY-ST-ZIP		2.4 CITY-ST	. ZYC	- <u>-</u> -	الكنيسيس بدر	
IITE	☐ DELETE	3.1 TITLE			Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		33 STREET A	OORESS			1
CITY-ST-ZIP		3.4. CITY-ST-	ZIP			
TITLE	☐ DELETE .	4.1 TITLE			Change	Addition
NAME	,	4. 2 NAME	İ			_
STREET ADDRESS	1.	4.3 STREET A	DORESS			}
CITY-ST-ZIP		4.4 CITY-ST-	ZIP		,	
INE	☐ DELETE :	5.1 TITLE			☐ Change	Addition
LAME .	:	5.2 NAME			_ •	-
TREET ADDRESS	j.	5.3 STREET A	DORESS			J
SITY-ST-ZIP	5	5.4 CITY-ST-2	ZIP			į
ITLE .	☐ DELETE 6	6.1 TITLE			Change	Addition
IAME	6	3.2 NAME				[
TREET ADDRESS	- 6	3.3 STREET AL	DORESS		-	İ
ITY-ST-ZIP	16	4 CITY-ST-Z	pp			
4. I hereby certify that the information supplied with this	s filing does not qualify for the	evemotion	stated in Sect	tion 110 07/21/0 Floride Statute 14	h	

indicated on this annual report or 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 supplied with this 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 comporation or the receiver of 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, with all other like empowered.

SIGNATURE:

ぼっく Smars 4-20-99

813-977-2043