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FILED
Mar 25 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 # P97000098433 (0)

1. Corporation Name
KEYSOURCE TELESERVICES, INC.

Principal Place of Business

3637 PHILLIPS HWY., STE. 0195
JACKSONVILLE FL 32207

Mailing Address

3637 PHILLIPS HWY., STE. 0195
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3479842

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 3843 COOPERS LAKE RD

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE

Zip

24 FL

Country

25 32224

2a. Mailing Address

26 3843 COOPERS LAKE RD

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE

Zip

29 FL

Country

30 32224

9. Name and Address of Current Registered Agent

GOEBERTUS, CORNELIUS H
3843 COOPERS LAKE ROAD
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

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 ☒ DELETE

NAME ROBINSON, PAUL
STREET ADDRESS 3637 PHILLIPS HWY., STE. 0195
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME GOEBERTUS, CORNELIUS H
STREET ADDRESS 3843 COOPERS LAKE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☒ DELETE

NAME WARFIELD, STEVEN
STREET ADDRESS 2753 ESTATES LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☒ DELETE

NAME KALINOWSKI, EDWARD
STREET ADDRESS 15 AMBOY AVE.
CITY-ST-ZIP METUCHEN NJ 08043

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:

CORNELIUS H GOEBERTUS

3/20/98

(904) 680-9123

CR2E034 (10/97)