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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108230
 1. Corporation Name
VARIOUS SOURCES, INC.


Principal Place of Business 19651 BRUCE B. DOWNS SUITE D-3, #127 TAMPA FL 33647	Mailing Address 19651 BRUCE B. DOWNS SUITE D-3, #127 TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19046 Bruce B. Downs Suite, Apt. #, etc. 22 Suite # 153 City & State 23 Tampa, FL Zip 24 33647		2a. Mailing Address 26 19046 Bruce B. Downs Suite, Apt. #, etc. 27 Suite # 153 City & State 28 Tampa FL Zip 29 33647		3. Date Incorporated or Qualified 01/01/1998	4. FEI Number 59-3485080	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

 POWELL, KATHERINE M
 19651 BRUCE B. DOWNS
 SUITE D-3, #127
 TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	19046 Bruce B. Downs
83 Suite #	153
84 City	Tampa
85 State	FL
86 Zip Code	33647

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine M. Powell	1.2 NAME	
STREET ADDRESS	1342 Starry Night St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Wesley Chapel, FL 33543	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE D. POWELL	2.2 NAME	
STREET ADDRESS	1342 Starry Night St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Wesley Chapel, FL 33543	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

 KATHERINE M. POWELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Daytime Phone #

CR2E034 (1/198)