


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).

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90002 046 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000011746**

1. Corporation Name

**ONESOURCE SERVICES CORPORATION**



Principal Place of Business <b>4800 NORTH FEDERAL HIGHWAY SUITE 200-B BOCA RATON FL 33431</b>	Mailing Address <b>4800 NORTH FEDERAL HIGHWAY SUITE 200-B BOCA RATON FL 33431</b>
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**02/05/1998**

4. FEI Number

**APPLIED FOR**

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

21 **1613 CENTRE ROAD**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**WILMINGTON DE**

28 City & State

28

24 Zip

**19805**

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WACKENHUT, GEORGE R</b>	
STREET ADDRESS	<b>4200 WACKENHUT DRIVE #100</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410-4243</b>	

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>RAYMOND GROSS</b>	
STREET ADDRESS	<b>60 CARLISLE MGT. SERVICES</b>	
CITY-ST-ZIP	<b>4800 N. FEDERAL HIGHWAY SUITE 200B</b>	
	<b>BOCA RATON, FL 33431</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RAYMOND GROSS</b>	
2.3 STREET ADDRESS	<b>60 CARLISLE MGT. SERVICES</b>	
2.4 CITY-ST-ZIP	<b>4800 N. FEDERAL HIGHWAY #200B</b>	
	<b>BOCA RATON FL 33431</b>	

3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STEVEN LEVINE</b>	
3.3 STREET ADDRESS	<b>60 CARLISLE MGT. SERVICES</b>	
3.4 CITY-ST-ZIP	<b>4800 N. FEDERAL HIGHWAY #200B</b>	
	<b>BOCA RATON FL 33431</b>	

4.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GEORGE WILLIAMS</b>	
4.3 STREET ADDRESS	<b>1600 PARKWOOD CIRCLE, #400</b>	
4.4 CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	

5.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ANN ULBERT</b>	
5.3 STREET ADDRESS	<b>4800 N. FEDERAL HIGHWAY #200B</b>	
5.4 CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)