

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 # P98000059150

1. Corporation Name

ONE SOURCE INVESTMENTS, INC.

Principal Place of Business

**8000 S. FEDERAL HWY., SUITE 301
PORT ST. LUCIE FL 34952**

Mailing Address

**8000 S. FEDERAL HWY., SUITE 301
PORT ST. LUCIE FL 34952**

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90068 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1998

4. FEI Number

05-0847264

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVE., SUITE 1
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name **Gallese, William F.**
82 Street Address (P.O. Box Number is Not Acceptable)
8000 S. Federal Hwy., #301
83
84 City **Port St. Lucie** **FL** 85 Zip Code **34952**

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)

3-3-99

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BELLANTONI, CARMEN | |
| STREET ADDRESS | 8000 S. FEDERAL HWY., SUITE 301 | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34952 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | LEONARD P BOGDAN JR | |
| 1.3 STREET ADDRESS | 8000 S FEDERAL HWY, SUITE 301 | |
| 1.4 CITY-ST-ZIP | PORT ST LUCIE FL 34952 | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JOHN R BRANT | |
| 2.3 STREET ADDRESS | 8000 S. FEDERAL HWY., SUITE 301 | |
| 2.4 CITY-ST-ZIP | PORT ST LUCIE FL 34952 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-99

561-337-5566

CR2E034 (1/98)