## FILED Apr 09, 1999 8:00 am Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



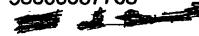
FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P98000067	77	<b>'08</b>
1. Corporation Name	. 0000000		-

FUNDSOURCE, INC.





Suite, Act. #, etc.    Suite, Act. #, etc. #, etc. #, etc.   Suite, Act. #, etc. #,	Principal Place	e of Business	Mailing Address				
2. Principal Place of Business   2a. Malling Address   3. Date Incorporated or Charles   3. Date Incorporated   3. Date Incorporate   3. Date Incorpora				JITE 300	ł		
2. Principal Place of Business 2. Mailting Address 2. Principal Place of Business 2.	WINTER HAVEN	FL 33880	WINTER HAVEN FL 33890		DO NOT WRITE IN THIS	SPACE	
2. Principal Places of Business 2. A Malling Address 2. PO 468 461 2. Sulfa, Apt. 4, etc. 2	1						$\neg$
2. Principal Place of Business 2. Malling Address 2. Principal Place of Business 2. Sulfo, Apt. 8, etc. 2. Sulfo,							- 1
Sulfa, Act. #, etc.	 		1.0			Applied For	
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27   City & State	21			<u> </u>	37-332080-		
City & Sister    Control		#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		"
20   20   20   20   20   20   20   20	22						
20   20   20   20   20   20   20   20	City & State	e		-1-		<b>****</b>	
23	23		(20) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>			<b></b> }
9. Name and Address of Current Registered Agent  JOHNSON, KEVIN  175 - 5TH STREET, S.W., SUITE 300  GLASS-VL BAY CLAD  WINTER HAVEN R. 33880  FFLAN ACCOUNTY SEVEN STATES AND GLASS-VL BAY CLAD  175 - 5TH STREET, S.W., SUITE 300  GLASS-VL BAY CLAD  STREET ACCOUNTY SEVEN ACCOUNTS SEVEN ACCOUNTY SEVEN ACCOUNTS SEVEN ACCOUNT	Zip	Country		- · · ·	•	angible	ĺ
JOHNSON, KEVIN  175 - 5TH STREET, S.W., SUITE 300  GUSS - V BAY C ( 4)  WINTER HAVEN R. 33890  F LA Aderd de, Floride Statutes & Street Address (P.O., Box Nupber is Not Acceptable)  11. Pursuant to the provisions of Section 5 (07,0502 and 607,1508, Floride Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, i am familiar with the statement for the purpose of changing its registered office or registered agent, i am familiar with the statement for the purpose of changing its registered office or registered agent, i am familiar with the statement for the purpose of changing its registered office or registered agent, i am familiar with the statement for the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered office or registered agent, i am familiar with the statement of the purpose of changing its registered of increases.  12	24	25	29 3 1 4 6 3	10 U.S.			_
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JOHNSON, KEVIN  175 - STH STREET, S.W., SUITE 300 GUSS - U BOY CIV.)  WINTER HAVEN R. 33890  FILE and end ade, Florida 300 GUSS - U BOY CIV. 33.5 Z AS hurry Square	10.0	NOON WELL	Kevin Johns	on [81] Name	Kevin Johnson		[
WINTER HAVEN R. 33890  Ft Landerd ale, Florida  33  The pursuant to the provisions of Sections 907.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In manifest with provisions of Section 607.0509. Provisions 607.0509. Provisions of Section 607.0509. Provisions 607.0509. Provis			•		have (D.O. Bay Number is Not Acceptable)		
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14. I herapy certify that the immatch supplied with this simply do the add accurate and that my signature shall have the same legal effect as if made under oath; that I am an	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		[_] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 62 NAME 6.3 STREET ADDRESS		. Change Add	dition

indicated on this annual report or supplemental annual report is true and accurate and that my signature stall have the same legal effect as it made under dath, and it among officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

4-6-49

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