PROFIT
CORPORATION
ANNUAL REPORT
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90069 049 \*\*\*150.00

## DOCUMENT # P98000084595

. Corporation Name

	SOURCE, INC.								
Principal Place	e of Business	Mailing Address				1			
6525 THE CORNERS PKWY, SUITE 303		6525 THE CORNERS PKWY. SUITE 303							
NORCROSS GA 30092		NORCROSS GA 30092			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
•						10/01/1998			
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		App	illed For
21		26				58-24/7991		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22	· ·	27				3. Certification of Ottana Downson		Fee Rec	
City & State	ie .	City & State			_	6. Election Campaign Financing		\$5.00	· .
23	and the second s					- Trust Fund Contribution	<del></del>	Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the curr	ent year inter	ngible	ZINo
24	25	29	30			Personal Property Tax.		Yes V	2.140
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New R	efficial w	95171	
Do.C	CORPORATE SERV. OF CENTR	AL ELORIAD INC		*1	Name				
	N. ORANGE AVE., SUITE 1100	CE I EVIEND, NTV		82	Street Add	ress (P.O. Box Number is Not Accepte	ble)		1
	ANDO FL 32801			83					
UAL	ANDO PE 32001			83			•		
				84	City			85 Zip C	ode
							r L		
				44		time a hamite this statement for the	numose of c	hanning its I	registered l
					named com	poration submits this statement for the ion's board of directors, I hereby accept	purpose of c	hanging its I Iment as reg	egistered istered
	to the provisions of Sections 807.050 registered agent, or both, in the State im familiar with, and accept the obliga				named com	poration submits this statement for the on's board of directors, I hereby accept	purpose of c t the appoint	hanging its i Iment as reg	registered istered
office or r agent. I a	registered agent, or both, in the State and familiar with, and accept the obliga	tions of, Section 607.0505	i, Florida Stat	itutes.	ile conposition		<b>, ,</b>	hanging its I Iment as reg	}
office or r agent. I a SIGNATURE	registered agent, or both, in the State- im familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida, Such Grange we tions of, Section 607.0505	, Florida Stat	itutes.	ile conposition	od when reinsteing)	DATE		}
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name or registered sper OFFICERS AN	of Florida, Suite dicalga witions of, Section 607.0505  It and title #applicable. (ID DIRECTORS	, Florida Stat	itutes.	ile conposition		DATE FICERS AND		}
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State arm familiar with, and accept the obliga Signature, typed of printed name of registered age.  OFFICERS AN	of Florida, Such Grange we tions of, Section 607.0505	NOTE Registre 13.	itutes.	ile conposition	od when reinsteing)	DATE FICERS AND	DIRECTOR	}
office or ragent. I a SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed nume of registered agen OFFICERS AN D SPECTOR, JEFFREY M	of Floridae, Suction 607.0505  it and side # applicable. (ID DIRECTORS	NOTE Registres  13. E 1.1 T	itutes.	elgresture réquire	od when reinsteing)	DATE FICERS AND	DIRECTOR	}
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	stgradure, typed of printed nume of registered age.  Stgradure, typed of printed nume of registered age.  OFFICERS AN  D  SPECTOR, JEFFREY M  6525 THE CORNERS PKWY, SI	of Floridae, Suction 607.0505  it and side # applicable. (ID DIRECTORS	NOTE Registered 13. E 1.1 Ti 12 Ni 1.3 S	ITLE	elgradure réquire	od when reinsteing)	DATE FICERS AND	DIRECTOR	}
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed nume of registered agen OFFICERS AN D SPECTOR, JEFFREY M	of Floridae, Suction 607.0505  it and side # applicable. (ID DIRECTORS	NOTE Requires  13. E 1.1 T  12 N  1.3 S  1.4 C	ITULES.  TITLE  NAME  STREET A  CITY-ST.	elgradure réquire	od when reinsteing)	DATE FICERS AND	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	stgradure, typed of printed nume of registered age.  Stgradure, typed of printed nume of registered age.  OFFICERS AN  D  SPECTOR, JEFFREY M  6525 THE CORNERS PKWY, SI	of Figure 2003	(NOTE Registre) 13. E 1.1 T 12.N 1.3 S 1.4 C	INTE NAME STREET A CITY-ST.	elgradure réquire	od when reinsteing)	DATE FICERS AND	DIRECTOR ☐ Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pregistered agent, or both, in the State am familiar with, and accept the obliga of printed name of registered agent of the obliga OFFICERS AND SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	of Figure 2003	NOTE Replace  13. E 1.1 T 12.N 1.3 S 1.4 C E 2.1 T	INTUES.  INTUE	algranture require  LDORESS	od when reinsteing)	DATE FICERS AND	DIRECTOR ☐ Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pregistered agent, or both, in the State am familiar with, and accept the obliga of printed name of registered agent of the obliga OFFICERS AND SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	of Figure 2003	NOTE Replace  13. E 1.1 T  12.N  1.3 S  1.4 C  E 2.1 T  22.N  23.5	TITLE STREET A STREET A STREET A STREET A	elpresture require  ADDRESS  ADDRESS	od when reinsteing)	DATE FICERS AND	DIRECTOR ☐ Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	pregistered agent, or both, in the State am familiar with, and accept the obliga of printed name of registered agent of the obliga OFFICERS AND SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	Trions of, Section 607.0505  Tand title II applicable. (1) D DIRECTORS  DELET  DELET	(NOTE Registrer) 13. E 1.1 T 12.N 1.3 S 1.4 C E 2.1 T 22.N 2.3 S 2.4 C	INTE NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  STREET A  CITY-ST-I	elpresture require  ADDRESS  ADDRESS	od when reinsteing)	DATE FICERS AND	DIRECTOR ☐ Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TABLE TITLE TABLE TITLE TITLE TITLE TITLE TITLE	pregistered agent, or both, in the State am familiar with, and accept the obliga of printed name of registered agent of the obliga OFFICERS AND SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	of Figure 2003	NOTE RECEIVED	ITTLE  STREET A  CITY-ST-  TITLE  NAME  STREET A  CITY-ST-  TITLE	elpresture require  ADDRESS  ADDRESS	od when reinsteing)	DATE FICERS AND	DIRECTOR Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pregistered agent, or both, in the state arm familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	Trions of, Section 607.0505  Tand title II applicable. (1) D DIRECTORS  DELET  DELET	NOTE RECEIVED	TITLE  NAME  STREET A  CITY-ST-  TITLE  NAME  STREET A  CITY-ST-  TITLE  NAME  NAME  NAME	ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE FICERS AND	DIRECTOR Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	pregistered agent, or both, in the state arm familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	Trions of, Section 607.0505  Tand title II applicable. (1) D DIRECTORS  DELET  DELET	NOTE RESIDENCE  13. E 1.1 T 12.N 1.3 S 1.4 C E 2.1 T 22.N 2.3 S 2.44 E - 3.1 T 32.N 3.3 S	ITTLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE FICERS AND	DIRECTOR Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP	pregistered agent, or both, in the state arm familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	Trions of, Section 607.0505  Tand title II applicable. (1) D DIRECTORS  DELET  DELET	NOTE RECEIVED	HAME NAME NAME NAME NAME NAME NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DIRECTOR Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS	pregistered agent, or both, in the state arm familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	Thins of, Section 607.0505  The and title II applicable. (III)  D DIRECTORS  DELET  DELET  DELET	NOTE RECEIVED  13. E 1.1 T 12.N 1.3 S 1.4 C 2.1 T 22.N 2.3 S 2.4 C 2.1 T 32.N 3.3 S 3.4 C E 41.T 4.1 T 3.2 N 3.3 S 3.4 C E 41.T 5.2 N 3.5 S 3.5 S 3.4 C E 41.T 5.2 N 3.5 S 3.5	HADELES AND CONTY ST.	ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	The state of the s	Thins of, Section 607.0505  The and title II applicable. (III)  D DIRECTORS  DELET  DELET  DELET	NOTE RECEIVED	INTERPORTED TO THE STREET A CONTY ST- TITLE  WAME  STREET A CONTY ST- TITLE  WAME  STREET A CONTY ST- TITLE  WAME  NAME  NAME  NAME  NAME  NAME	ADDRESS ADDRESS ADDRESS ADDRESS - ZIP	od when reinsteing)	DATE	DirectOf ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	The state of the s	Thins of, Section 607.0505  The and title II applicable. (III)  D DIRECTORS  DELET  DELET  DELET	NOTE Rechards   13.	NAME  TITLE  TITLE  STREET A  STREET A  CITY-ST-  TITLE  WAME  STREET A  CITY-ST-  TITLE  WAME  STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP	The state of the s	Thins of, Section 607.0505  The and title II applicable. (III)  D DIRECTORS  DELET  DELET  DELET	NOTE Rechards  13. E 11.T 12.N 13.S 1.4.C E 2.1.T 22.N 23.S 2.4.C E 3.1.T 32.N 33.S 34.C E 41.T 4.2.P	INTERPORTED TO THE STREET A CONTY ST- TITLE  WAME  STREET A CONTY ST- TITLE  WAME  STREET A CONTY ST- TITLE  WAME  NAME  NAME  NAME  NAME  NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf ☐ Change ☐ Change ☐ Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	The state of the s	OF Figure 3. Section 607.0505  The and other if applicable. (ID DIRECTORS DELET)  UITE 303  DELET  DELET	NOTE Replace  13. E 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 2.1 T 3.2 N 3.4 C 4.2 L 4.3 S 4.4 C E 5.1 T 4.2 L 4.3 S 4.4 C E 5.1 T 4.2 L 4.3 S 4.4 C E 5.1 T 4.2 L 4.3 S 4.4 C E 5.1 T 4.2 L 4.3 S 4.4 C E 5.1 T 4.2 L 4.3 S 4.4 C E 5.1 T 4.2 L 4.3 S 4.4 C E 5.1 T 5.1 T 6.2 L 4.3 S 4.4 C E 5.1 T 6.3 L 4.3 S 6.3 L 4	NITUS.  NITUS  N	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the state am familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	OF Figure 3. Section 607.0505  The and other if applicable. (ID DIRECTORS DELET)  UITE 303  DELET  DELET	NOTE Rechards   13.	MAGENTAL STREET A ANGEL STREET A ANGEL STREET A ANGEL STREET A CITY-ST TITLE NAME STREET A CITY-ST.	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the state am familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	OF Figure 3. Section 607.0505  The and other if applicable. (ID DIRECTORS DELET)  UITE 303  DELET  DELET	NOTE Rechards   NOTE   NOTE RECHARDS   NOTE	MAGNETAL STREET A ANGEL STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the state am familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	UITE 303  DELET	NOTE Replace   NOTE	MAGENTAL STREET A ANGEL STREET A ANGEL STREET A ANGEL STREET A CITY-ST TITLE NAME STREET A CITY-ST.	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the state am familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	OF Figure 3. Section 607.0505  The and other if applicable. (ID DIRECTORS DELET)  UITE 303  DELET  DELET	NOTE Replace   NOTE Replace   13.     1.1     1.2     1.3     1.4     2.1     2.2     2.3     2.4     3.3     3.4     4.2     4.3     4.2     4.3     5.2     5.3     5.4     6.1     6.1     7.5     7.6     7.7     8.1     8.1     9.1	AND	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	od when reinsteing)	DATE	DirectOf Change Change Change	RS IN 12 Addition Addition Addition
Office of ragent. I a SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the state am familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	UITE 303  DELET	NOTE Replace   NOTE	AND	ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ZIP	od when reinsteing)	DATE	DirectOf Change Change Change	RS IN 12 Addition Addition Addition
Office or ragent. I a SIGNATURE  12. TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  NAME	registered agent, or both, in the state am familiar with, and accept the obliga Signature, typed of printed name of registered agent OFFICERS AN SPECTOR, JEFFREY M 6525 THE CORNERS PKWY, SI NORCROSS GA 30092	UITE 303  DELET	Florida State   NOTE Replace   13.     13.     12.     13.     14.     22.     23.     24.     24.     25.     26.     27.     28.     29.     29.     20.	AND STREET A CITY-ST.  TITLE  NAME STREET A CITY-ST.	ADDRESS ADDRESS ADDRESS ADDRESS ZIP ADDRESS ADDRESS ZIP ADDRESS	od when reinsteing)	DATE	DirectOf Change Change Change	RS IN 12 Addition Addition Addition

14. 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:

ASI CHATTER E PARTIE IN 1 1 10 E 177. SPECTOR

4/, /59 776-941-336 pore / Daysina Prione #