PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90132 013 ***150.00

DOCUMENT # **P98000089264**1. Corporation Name

PRODUCT SOURCE, INC.

Principal Plac	e of Business	Mailing Address				, 42111 20101 10110 10110 1110	
4134 GULF OF MEXICO DRSTE.302		4134 GULF OF MEXICO DR., STE, 302					
LONGBOAT KEY FL 34228		LONGBOAT KEY FL 34228		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	IN THIS SPACE	
					10/19/1998		
2 Dringing C	None of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
— ·	Place of Business	2a. Walling Address /	EAGUL	PS.	4, 1 El Hambo	<u> </u>	t Applicable
Suite, Apt.	# etc	Cuito Ant H ata			•	\$8.75 A	
22	. 	27 BLO. #	155		5.' Certifcate of Status Desired	Fee Re	
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28 CRYSTAL.	RIVER	!. FL.	Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Count	iy	8. This corporation owes the currer	nt year Intangible	7.
24	25	29 34429	30 CI	TRES	Personal Property Tax.		ŒNo '
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered Agent	
	1 101111		8	1 Name	BOLL, JOHN L. SR.		
	L, JOHN		la la	2 Street	Address (P.O. Box Number is Not Acceptab	le)	
	4 GULF OF MEXICO DR.,STE.302			12	Address (P.O. Box Number is Not Acceptabe 73 W. SEA GULL PT.	·	
LON	IGBOAT KEY FL 34228		8	2	LD. # 155		
			8	4 City		85 Zip C	ode _
				1 ' (RYSTAL RIVER	FL <i>544</i>	/ユ7
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	utes, the abo	ve-named	corporation submits this statement for the p	urpose of changing its	registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	i Fiorida. Such change was ons of, Section 607.0505, ₽	autnorized b loriday6tatute	sy the corpo	pration's board of directors. I hereby accept		3,310,100
SIGNATURE	BOLL, JOHN L. S		ohn:	L-[30	ll Sr. 1-28	-99	
SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Ac	gent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		equired when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
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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 adother like empowered.

SIGNATURE: JOHNSLE BOLLSR.