

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001489867
-05/17/95--01002--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F93000003888 (5)**

1. Corporation Name

SUPPORT SERVICES TECHNOLOGIES, INC.

Principal Place of Business

6505 EDGEWATER DR
ORLANDO FL 32810
US

Mailing Address

6505 EDGEWATER DR
ORLANDO FL 32810
US

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

02/17/1994

4. FEI Number

~~NOT APPLICABLE~~ 312265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

29. Zip

Country

9. Name and Address of Current Registered Agent

O'BREIN, TIMOTHY
6505 EDGEWATER DR
ORLANDO FL 32810

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
O'BREIN, TIMOTHY
6505 EDGEWATER DRIVE
ORLANDO FL 32810

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

Change Addition

6505 Edgewater Dr.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 for on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

(Signature) 320-1000