

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Merriam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 2:53

**DOCUMENT # P93000052499 (9)**

1. Corporation Name

**NETWORK SUPPORT SERVICES, INC.**

Principal Place of Business

Mailing Address

235 N. FEDERAL HIGHWAY  
SUITE D  
DELRAY BEACH FL 33483  
US

235 N FEDERAL HIGHWAY  
SUITE D  
DELRAY BEACH FL 33483  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1993

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0425831

Applies For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Debit

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 190.032,

Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZACHOVAY, VICTOR G  
235 N. FEDERAL HIGHWAY  
SUITE D  
DELRAY BEACH FL 33483

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 of the principal officer, agent, or authorized officer

Signature of the principal officer, agent, or authorized officer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST
NAME	ZACHOVAY, VICTOR G
STREET ADDRESS	2130 NW 12TH STREET
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	D
NAME	ZACHOVAY, VICTOR G
STREET ADDRESS	2130 NW 12TH STREET
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation state for which I am acting as officer, agent, or authorized officer. I further certify that the information enclosed on this filing is true and accurate and that my signature and name on this filing are for official use only. I am an officer or director of the corporation and I am authorized by the board of directors to execute this filing as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

FEB 10, 1995 407-278-5330