

LCC00001

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000013063
 1. Corporation Name **SUPPORT SOLUTIONS INCORPORATED**

Principal Place of Business SUPPORT SOLUTIONS INC. 5100 N. FEDERAL HWY., SUITE 203 FORT LAUDERDALE, FL 33308	Mailing Address SUPPORT SOLUTIONS, INC. 5100 N. FEDERAL HWY., SUITE 203 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business 21 5100 N. FEDERAL HIGHWAY (State, Apt. #, etc.) 22 203 City & State 23 FORT LAUDERDALE, FL Zip Country 24 33308 25 USA	2a. Mailing Address 26 5100 N. FEDERAL HIGHWAY (State, Apt. #, etc.) 27 203 City & State 28 FORT LAUDERDALE, FL Zip Country 29 33308 30 USA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MARCH 1, 1998

4. FEI Number 65-0812515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DORNBROCK, WILLIAM L.
 5100 N. FEDERAL HWY. SUITE 203
 FORT LAUDERDALE, FL 33308**

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: William Dornbrock (owner) DATE: 5/18/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. IN SYSTEM OFFICERS AND DIRECTORS

TITLE	DORNBROCK, WILLIAM L. <input checked="" type="checkbox"/> DELETE	
NAME	767 SE. 17 ST. # 769	
STREET ADDRESS	FORT LAUDERDALE, FL 33316	
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DORNBROCK, WILLIAM L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	757 SE. 17 ST. # 759	
13 STREET ADDRESS	FORT LAUDERDALE, FL 33316	
14 CITY-ST-ZIP		
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: William L. Dornbrock DATE: 4/29/99 954/202/5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM L. DORNBROCK

CR2E034 (11/98)

FILED
 MAY 21 11:14 AM '99
 TALLAHASSEE, FLORIDA