FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:51

DOCUMENT # **S54954** **(0)**

1. Corporation Name
HUMAN SERVICES SUPPORT SYSTEM, INC.

Principal Place of Business	Mailing Address
1790 S.W. 27TH AVENUE MIAMI FL 33145 US	1790 SW 27TH AVENUE MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0285406 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALTMAN, DAVID B.
429 POINCIANA ISLAND DR
MIAMI FL 33160

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Date Signed (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MERRITT, MADELYN F	1.2 NAME	YARUS, GARY	
STREET ADDRESS	4485 ADAMS AVE	1.3 STREET ADDRESS	330 WEST 45TH STREET	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	YARUS, GARY	2.2 NAME	MANNING, OREN	
STREET ADDRESS	330 WEST 4TH STREET	2.3 STREET ADDRESS	9100 S. DADELAND BLVD., #325	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI, FL 33156-7812	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	VEIL, SHARRY	3.2 NAME	NEAL FARR	
STREET ADDRESS	4000 TOWERSIDE TERRACE, #1501	3.3 STREET ADDRESS	8190 SW 108 STREET	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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 added on an attachment with an address.

SIGNATURE: _____ PRES 2/3/95 (305) 446-0553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Daytime Phone #
GARY YARUS

0150193 CP