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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S54954 (0)

1. Corporation Name  
HUMAN SERVICES SUPPORT SYSTEM, INC.

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

Mailing Address  
1790 SW 27TH AVENUE  
MIAMI FL 33145-2418  
US



3. Date Incorporated or Qualified 05/24/1991  
3a. Date of Last Report 03/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0285406		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P YARUS, GARY	1.1 TITLE	P ALTMAN, STUART
NAME	330 WEST 45TH STREET	1.2 NAME	3802 N.E. 207th Street #602
STREET ADDRESS	MIAMI BEACH FL	1.3 STREET ADDRESS	Miami, FL 33180
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V MANNING, OREN	2.1 TITLE	V LINEVSKY, RICHARD
NAME	9100 S DADELAND BLVD., #325	2.2 NAME	200 S.W. 15th Road #7G
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	Miami, FL 33129
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S FARR, NEAL	3.1 TITLE	S ROTH, ELLEN
NAME	8190 SW 108TH STREET	3.2 NAME	3 Grove Isle Drive #1604
STREET ADDRESS	MIAMI FL 33156	3.3 STREET ADDRESS	Miami, FL 33133
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE: *Stuart Altman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 (305) 789-9255

CR2E034 (9/96)