## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000066 (9)

HEALTH & SOCIAL SYSTEMS DEVELOPMENT, INC.

6314 OWEN PL BETHESDA MO		6314 OWEN PLACE BETHESDA MO 20817-5462						
					3. Date incorporated or Qualified 01/05/1995	3a. Date o		eport
2. Principal Pl	ace of Business	2a. Mailing Address 26	<del> </del>				<b></b>	oplied For of Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$		Additional
22] Cشي& State		City & State	City & State			Fee Required ampaign Financing \$5.00 May Be		
23 BRAI	lesda, Marylan	10 28 Bethesda,	Ma	tryland	Election Campaign Financing     Trust Fund Contribution		Added	
Zip 24	Country 25	29 30	Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					. 199.032,
A15	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Age	nt	
	ISDEN, CLARENCE 4 MILL STREAM DR.		81	Name				
ST CLOUD FL 34771			82	Street Addre	ss (P.O. Box Number is Not Acceptab	(c)		
			83					
			84	City		FL 8	<b>Z</b> ip	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								
SIGNATORE	Signature, typod or printed name of registered as			ent signature required		DATE	· · · · · · · · · · · · · · · · · · ·	
12.	PCD OFFICERS AF	ND DIRECTORS	13.	<del></del> -	ADDITIONS/CHANGES TO OFFIC			
TITLE	CARONEN CLADENCE		1.1 INLF				Change	LI Addition
NAME OTOGET ADDRESS	5354 MILL STREAM DR.		1.2 NAME	ADDRESS				
STREET ADDRESS City-ST-ZIP	ST CLOUD EL		1.3 STREET 1.4 CITY - S					
TITLE	VTSD	DELETÉ	2.1 TITLE	11 - ZH			Change	Addition
NAME	EDICOMANI MADVEV A		2.2 NAME			_		
STREET ADDRESS	6314 OWEN PLACE		23SIREET	ADDRESS	•	44		
CITY-ST-ZIP	Bethesda MD		2. 4 CITY -	S1-7IP	•	., .		
TITLE	☐ DELETE 3		3.1 1111 €				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADORESS				
CITY-ST-ZIP			3.4 CITY-	\$1-7IP				
TITLE		☐ DELFTE	4.1 TITLE			L	Change	Addition
NAME			4.2 NAME					]
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	S1 - Z(P			01	1 4 4 4 5 5
TITLE		<b>∐</b> DELFTE	5.1 TITLE			نا	Change	Addition
NAME			5.2 NAME	4888666				
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CHY-5	SI - ZIP			Change	Addition
TITLE	•	ןן ויבננ וב	6.1 1IILE			Ш	MIGHYE	□ L Vanition
NAME			6.2 NAME	4600100				
STREET ADDRESS			63 STREE	ADDRESS				

1/30/97 30/564-5708

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 eath; 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