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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT # F95000006289 (1) 1. Corporation Name						
IV SUPPORT SYSTEMS CORP.						
Principal Place	of Business	Mailing Address	Mailing Address		L FORTAGO DEFO TOTOL BURK ORFIL DOLLA BOLLA BOLLA BOLLA DILLA STORE FOLLA SOLL FORE	
58 NORFOLK AVENUE SOUTH EASTON MA 02375		58 NORFOLK AVENUE South Easton Ma 02375				
					12/27/1995	ate of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 04-3294277	Applied For	
Suite, Apt. #, etc.		26				Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23		28			770077070007110011011	Added to Fees
Ζφ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible Florida Statutes Yes No	tax under s. 199.032,
	9. Name and Address of Current		1301		10. Name and Address of New Registere	d Agent
			81	Name		
C T COR	PORATION SYSTEM		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD						
PLANTAT	TON FL 33324		83			
•			84	City		85 Zip Code
	100000000000000000000000000000000000000				F	
 or register 	ed agent, or both, in the State of Florid Ni, and accept the obligations of Section	la. Such change was authori.	zed by the corp	oration's boa	ration submits this statement for the purpose of c rd of directors. I hereby accept the appointment i	as registered agent. I am
	iri, and accept the obligations or Section	DE GOZIOSOS, FIONSA STATULE	5			
SIGNATURE _	Signature, typed or printed manic of registers Lagent a		OTE Registered Age:	r signature te tu in		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P OAFTEN OTAN	☐ DELETE	1 1 TIFLE			Change Addition
NAME	GAFFEY, STAN 901 PARKVIEW BLVD		1.2 NAME	ADSD406		
STREET ADDRESS	LOMBARD IL		1.3 STREET	ļ		
CITY-ST-ZIP TITLE	VST	DELETE	1 4 CHY - S 2 1 TITLE	1 - 216		Change Addition
NAME	HOPKIN, KERRY G		2.2 NAME			
STREET ADDRESS	58 NORFOLK AVENUE		2.3 STREET ADDRESS			
CITY-S1-ZIP	SOUTH EASTON MA		24 C(TY - S	1-719		
TiTLE	AS	☐ DELETE	3 1 THEF		The second secon	Criange Addition
NAME	RIDBERG, MICHAEL D		3.2 NAME			
STREET ADDRESS			3.3 STHEF			ļ
CITY-ST-ZIP	BETHESDA MA	ILSUA MA		T - ZIF	FT Change FT Addition	
TITLE	CD	DETELE	4 1 TITLE			Change Addition
NAME DEVICES ADDRESS	WHISNANT, JOHN W		4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS	58 NORFOLK AVENUE SOUTH EASTON MA		4.3 STREET 4.4 CITY - S	ľ		
CITY-ST-ZIP TITLE	D	DETEIF	5 1 HILE	II-LIF		Change Addition
NAME	KHEDERIAN, ROBERT P		5.2 NAME			
STREET ADDRESS	58 NORFOLK AVENUE		5.3 ST4E81	ADDRESS		
CITY-ST-ZIP	SOUTH EASTON MA		5.4 C·1Y - S	I - ZIP		
TITLE	D	☐ DELFTE	6 1 TITLE		9000017712	
NAME	RAND, JOHN F		6.2 NAME		-04/05/96010830	
STREET ADDRESS	58 NORFOLK AVENUE		6.3 STREET	ADDRESS	***200,00	4.5
CITY-ST-ZIP	SOUTH EASTON MA		6.4 CHY-S	J - 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)(k). 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 of langed or on an attachment yith an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytnie Phone #

CR2E034 (12/95)