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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

4000
1999

DOCUMENT # 1. Corporation Name

Corporate ID # F98000004764

Support Services International, Inc. doing

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90010 013 ***150.00

	business in Florida a	e Szemar Agana	es. 5	tac.		- ·	
Principal Place	business in Florida a e of Business	Mailing Address					
			" Kna	20			
100	Lighting Way, 3rd 1	المنازم المالية	Luca	(-C-			
Secancus, NJ 07094 Loo Lighting Way 3rd Floor Secancus, NJ 07094			DO NOT WRITE IN THIS SPACE				
	-	Secauc	us, A	15 07094	3. Date Incorporated or Qualifed 8/20/98		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			91-1822314		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.7	75 Additional
22		27		*	5. Certifcate of Status Desired	Fe	e Required
City & State	e	City & State			6. Election Campaign Financing	\$5.	00-May:Be -
23		28			Trust Fund Contribution	Add	ded to Fees
Zip	Country	Country Zip Country			8. This corporation owes the current year Intangible.		
24	25	29 36	o]		Personal Property Tax.	Ves	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
_	, , , ,	•	81	Name			
Cor	poration Service C	onpany	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
12	.01 Hays Street						
	*		83	•			
74	Illa hassee, FL 32	1301	84	City		. 85	Zip Code
					F		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was auth	orized by	the corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing pointment a	j its registered is registered
SIGNATURE							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE Re	egistered Age	ent signature required v			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	President and Direc	TOT DELETE	1.1 TITLE			☐ Cha	nge 🗌 Addition
NAME	John Knapp		1.2 NAME				
STREET ADDRESS	John Knapp 100 Lighting Way, 300	d Floor	1.3 STREE	TADDRESS			
CITY-ST-ZIP	Secaucus, NJ 07094 14CI		1.4 CITY-	ST-ZIP			
TITLE	_	lent and Director DELETE 21				☐ Cha	nge
NAME	Charles Zhau	Charles Zhao					
STREET ADDRESS	100 Lighting Way, 37	A FLOOR	2.3 STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE	Secretary Treasure		31 TITLE			☐ Cha	nge
NAME	Liquo Zhou	7	3.2 NAME]
STREET ADDRESS	Liguo Zhou 100 Lighting Way Secancus, Not 07		3.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP	Secancus Not 07	044	3.4. CITY-	ST-ZIP			DAJES
TITLE	-	DELETE	4.1 TITLE			☐ Cha	nge
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		F3	4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	}		☐ Cha	nge Addition
NAME			5.2 NAME				-
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE			6.1 TITLE			☐ Cha	nge
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	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)(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 op an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

John Knapp President 4/28/99 (201)422 8890

CR2E034 (11/98)