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

H17902 DOCUMENT #
1. Corporation Name

(8)

CORPORATE SUPPORT SER	RVICES, INC.
Principal Place of Business	Mailing Address
501 BRIKELL KEY DR STE 206 MIAMI FL 33131-9608	501 BRIKELL KEY DR STE 206 Miami Fl 33131-9608

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Principal Place of	Business	Mailing Address	THE REAL PROPERTY AND ADDRESS OF THE PERSON		1.0 11.0 10.1 11.0 11.0 11.0 11.0 11.0
501 BRIKELL KI MIAMI FL 3313		501 BRIKELL KEY DR MIAMI FL 33131-9608	STE 206		
WINNEL CE SOLO				3. Date Incorporated or Qualified 08/23/1984	3a. Date of Last Report 03/21/1995
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3941 Mid	lway Street	26 9100 S. Dad	leland Blvd.	59-2463730	Not Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Suite 1707			ree Required
Oity & State		Oity & State		6. Election Campaign Financing	\$5.00 May Be
²³ Miami, I	FL Country	28 Miami, FL	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip 24 33133	25 U.S.A.	^{2/ρ} 29 33156~7819	30 U.S.A.		ilmangible tax bilder's 199.052; 3 ∏ No
	9. Name and Address of Curre			10. Name and Address of New	
			81 Name		
LEWIS, JF	R, WILLIAM C		82 Street Add	dress (P.O. Box Number is Not Accepta	hle)
501 BRICI	KELL KEY DRIVE STE 206			S. Dadeland Boulevar	
MIAMI FL	33131-9608		83	1707	
1			Suite 84 City	1707	85 Zip Gode
			Miami		FL 33156-7819
or registered	the provisions of Sections 607.050 Lagent, or both, in the State of Flor Land accept the obligations of, Sec	ida. Such change was authoriz	ed by the corporation's bo	oration submits this statement for the pa and of directors. I hereby accept the ap	irpose of changing its registered office pointment as registered agent. I am
SIGNATURE	prature, typed or printed have of registered ago		DTE: Hing-stered Agont signature requir	ness where nesses along	DAIL
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
T-TLF	PST	DELETE	1, 1 T-1LF		☐ Change ☐ Addition
NAME	BERCKMANS, BRUCE JR.		1.2 NAME		
STREET ADDRESS	3941 MIDWAY ST		1.3 STREET ADDRESS		
011Y-S1-ZiP	COCONUT GROVE FL		1.4 C/TY - ST - Z/P		
TITLE		☐ DELFTE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ACORESS			2.3 STHEFT ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
Ince		☐ DELETE	3 1 THT(F		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		m burn	3 4 CITY - ST - ZIP		Charge Addition
THILE		□ DELETE	4 1 TOLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY+ST-ZIP TITLE		DELETE	4.4 CHY S1-ZIF 5.1 THE		Change Add-tion
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
1			5.4 CHY - \$1 - 20F		
C-TY+ST+Z+P TRUE		DELETE	6 1 T-TLE		Change Addition
NAME			6.2 NAME		hand 00 hand 1 miles
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY - ST ZP		
GI-1-3:-ZIF		7 - 41 - 41 1 - 41 1 - 4 1 1 - 4 1 1 - 4 1 1 4 - 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1 1 4 1		for the execution stated in Costian 11	0.07/20/0 Florido Ctolutan I further

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 13 if chapter 6, or or an attachment with an address.

SIGNATURE:

BRUCE BERCKMANS, TO SPENDEND PRESIDENT

4 March 1996 (305) 448-008 [