COF ANNI	PROFIT RPORATION UAL REPORT <b>1997</b>		F		B. Morti tary of Sta	h <b>am</b> ite	1	b 18 1 Secret			
	MENT # H4 WIZED SUPPORT		INC.	(2)							
iarvey e Iverside	te of Business E. PIES E AVENUE, POB 1798 (32) E FL 32202-4918	202)	Mailing Address C/O HARVEY E. PIES 532 RIVERSIDE AVENUE, POB 1798 (32202) JACKSONVILLE FL 32202-4914			3. Date incorpor			of Last Re		
incinal F	lace of Business		2a Mailir	ng Address		<u>,</u>	02/28/1985 4. FEI Number		03/05	/1996	plied For
			26				59-24997(	2			Applicable
uite, Apl.	. #, €to.		Suite,	, Apt. <b>#</b> , etc.			5. Certificate of S	Status Desired		\$8.75 A Fee Re	
ity & Stat	te		City &	& State			6. Election Camp			\$5.00	May Be
p	Countr	ry	28 Zip		Co	untry	Trust Fund Co 8. This corporation	on has liability for			
	25 9. Name and Addre	ess of Current F	29 Registered	Agent	30	T	Florida Statute		Yes		
<sup>o</sup> ursuant	to the provisions of Sec	tions 607.0502 a	and 607.150	18, Florida Stat	utes, the t	83 84 City above-named	corporation submits this a	statement for the p		85 Zip C	registered
Pursuant office or i agent: Ea	to the provisions of Sec registered agent, or both am familiar with and acc Signature, speed or protestram	h, in the State of cept the obligation	Florida, Suc ons of, Secti	ch change wa ion 607.0505,	s authorize Florida Sta	84 City above-named ed by the corp atutes.	corporation submits this s poration's board of directo	statement for the p rs. I hereby accep		nanoino ite	registered
office or i agent. Ea	registered agent, or bott am tamiliar with and acc Signature, spector protoction C	h, in the State of cept the obligation	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, <sup>2</sup> able (N	s authorize Florida Sta OTE: Register 13.	84 City above-named ed by the corp atutes.	required when reinstating)	statement for the p rs. I hereby accept ANGES TO OFFIC	DUTPOSE OF CF pt the appoir DATE CERS AND D	nanging its htment as i	s registered registered S IN 12
office or i agent. Ea	Bigmature, typed or pended name Sigmature, typed or pended name C D FLAHERTY, WILLIA 12316 MANDARIN	h, in the State of cept the obligation of registered agent of DEFLCERS AND 1 M E. RD.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, able (N	s authorize Florida Sta OTE: Register 13. 1.11 1.21	84 City above-named ed by the corp atutes.	required when reinstating)	rs. I hereby accer	DUTPOSE OF CF pt the appoir DATE CERS AND D	nanging its ntment as	s registered registered
office or i agent. Ea	D FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL	h, in the State of cept the obligation of registered agent of DEFLCERS AND 1 M E. RD.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, 1 ablo IN DELETE	s authorize Florida Sta 015: Register 13. 1.11 1.21 1.35 1.40	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS CITY-ST-ZIP	required when reinstating) ADDITIONS/CH	rs. I hereby accer	Durpose of cr pt the appoin DATE CERS AND D	nanging its ntment as NRECTOR: Change	s registered registered S IN 12
office of i agent. La IATURE	Bignature, twist or predist name Signature, twist or predist name C D FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAI 1255 ESTORIL DR.	h, in the State of copt the obligation of FICERS AND I M E. RD. EL A.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, <sup>2</sup> able (N	s authorize Florida Sta 01E: Register 13. 1.11 1.21 1.35 1.40 2.11 2.21	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS	Devalue of directors board of directors board of directors and the reinstaling) ADDITIONS/CH D CASCONE, JR., 8022 JAMES 15	MICHABL	PL U Durpose of cr pt the appoin DATE CERS AND D C	nanging its htment as i	s registered registered S IN 12
office or i agent. E IATURE I ADDRESS ST-719	Provide the second seco	h, in the State of copt the obligation of FICERS AND I M E. RD. EL A.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, i able IN DELETE	s authorizt Florida Sta 01E: Register 13. 1.11 1.21 1.35 1.4( 2.11 2.21 2.35 2.4	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP	Devalue of directors board of directors board of directors and the reinstaling) ADDITIONS/CH D CASCONE, JR.,	MICHABL	PL U Durpose of cr pt the appoin DATE CERS AND D C	nanging its Intment as I IRECTOR Change	s registered registered S IN 12 Addition
office or i agent. La IATURE ( ADDRESS 51 - 7/P	Bigmature, speed or pended name Sigmature, speed or pended name C D FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAI 1255 ESTORIL DR. JACKSONVILLE FL DP ALBRIGHT, THOMA 8132 WEKIVA WAY	h, in the State of cept the obligation of registered agent of DFFICERS AND 1 M E. RD. EL A.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, 1 ablo IN DELETE	s authorize Florida Sta 01E. Register 13. 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.21	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	Devalue of directors board of directors board of directors and the reinstaling) ADDITIONS/CH D CASCONE, JR., 8022 JAMES 15	MICHABL	PL U Durpose of cr pt the appoin DATE CERS AND D C	nanging its ntment as NRECTOR: Change	s registered registered S IN 12
office or r agent. Fa IATURE. I ADDRESS 51 - 7/P I ADDRESS 51 - 7/P	Bigmature, speed or pended name Sigmature, speed or pended name C D FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAI 1255 ESTORIL DR. JACKSONVILLE FL DP ALBRIGHT, THOMA	h, in the State of cept the obligation of registered agent of DFFICERS AND 1 M E. RD. EL A.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, i able IN DELETE	s authorize Florida Sta OTE. Register 13. 1.11 1.21 1.33 1.40 2.11 2.33 2.4 3.1 3.21 3.34 3.4 3.4	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	Devalue of directors board of directors board of directors and the reinstaling) ADDITIONS/CH D CASCONE, JR., 8022 JAMES 15	MICHABL	PL U Durpose of cr pt the appoin DATE CERS AND D C	nanging its Intment as I IRECTOR Change	s registered registered S IN 12 Addition
office or r agent. Fa IATURE. I ADDRESS 51-7/P I ADDRESS 51-7/P	Bignature, travel or predist name Signature, travel or predist name C D FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAI 1255 ESTORIL DR. JACKSONVILLE FL DP ALBRIGHT, THOMA 8 132 WEKIVA WAY JACKSONVILLE FL T RICHARDS, CHARL 532 RIVERSIDE AN	h, in the State of cept the obligation of registered agents of FICERS AND 1 M E. RD. EL A. S E. S E.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, 1 ablo IN DELETE	s authorize Florida Sta OTE: Register <b>13.</b> 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4 4.11 4.2	84 City above-named ed by the corp atutes. ed Agent signature tritle NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS City - ST - ZIP	Devalue of directors board of directors board of directors and the reinstaling) ADDITIONS/CH D CASCONE, JR., 8022 JAMES 15	MICHABL	PL U Durpose of cr pt the appoin DATE CERS AND D C	nanging its Itment as I IRECTOR Change	S IN 12 Addition
office or r agent. Fa IATURE (ADDRESS ST-7/P LADDRESS ST-7/P TADDRESS ST-7/P	Period agent, or bot and tamiliar with and acc Signature, typed or probed fam FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAI 1255 ESTORIL DR. JACKSONVILLE FL DP ALBRIGHT, THOMA 8132 WEKIVA WAY JACKSONVILLE FL T RICHARDS, CHARL 532 RIVERSIDE AV JACKSONVILLE FL	h, in the State of cept the obligation of registered agents of FICERS AND 1 M E. RD. EL A. S E. S E.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, 1 able IN DELETE	s authorize Florida Sta OTE: Register <b>13.</b> 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4 4.11 4.2 4.33 4.4	84 City above-named ed by the corp atutes. ed Agent signature tritle NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS City - ST - ZIP	D Tequired when reinstaing) ADDITIONS/CH CASCONE, JR., 8022 JAMES IS JACKSONVILLE	MICHABL	L L Durpose of cr pt the appoint DATE CERS AND D L CERS AND D L CERS AND D L	IRECTOR Change	s registered registered S IN 12 Addition Addition
office or r agen1.12 IATURE. I ADDRESS 51-709 I ADDRESS 51-709 I ADDRESS 51-709 I ADDRESS 51-709 I ADDRESS 51-209	Period agent, or bot and tamiliar with and acc Signature, typed or probed tam FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAI 1255 ESTORIL DR. JACKSONVILLE FL DP ALBRIGHT, THOMA 8132 WEKIVA WAY JACKSONVILLE FL T RICHARDS, CHARL 532 RIVERSIDE AN JACKSONVILLE FL S DAVIDSON, BRUCE 505 LANCASTER S	h, in the State of cept the obligation of regetered agents DFFICERS AND I M E. RD. EL A. EL A. EL A.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, 1 ablo IN DELETE	s authorize Florida Sta OTE: Register <b>13.</b> 1.11 1.22 1.33 1.40 2.11 2.33 2.4 3.11 3.22 2.33 2.4 3.11 3.22 3.34 4.11 4.2 4.31 4.11 5.21 5.31	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASCONE, JR., 8022 JAMES IS JACKSONVILLE S DAVIDSON, BRI 1946 RIVER RC	ICE A.	FL Durpose of ct pot the appoin DATE CERS AND D L SERS AND D C L SERS AND D C C C C C C C C C C C C C	nanging its Itment as I IRECTOR Change	S IN 12 Addition
office or r agent. Fa IATUHE (ADDRESS 51-7/P I ADDRESS 51-7/P I ADDRESS 51-7/P I ADDRESS 51-7/P	Tegistered agent, or bott and tamiliar with and acc Signature, twich or predict familiar FLAHERTY, WILLIA 12316 MANDARIN JACKSONVILLE FL D CASCONE, MICHAU 1255 ESTORIL DR. JACKSONVILLE FL DP ALBRIGHT, THOMA 8 132 WEKIVA WAY JACKSONVILLE FL T RICHARDS, CHARL 532 RIVERSIDE AV JACKSONVILLE FL S DAVIDSON, BRUCE 505 LANCASTER S JACKSONVILLE FL	h, in the State of cept the obligation of regetered agents DFFICERS AND I M E. RD. EL A. EL A. EL A.	Florida, Suc ons of, Sections of the section of the	ch change wa ion 607.0505, 1 able IN DELETE	s authorize Florida Sta OTE: Register 13. 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21 3.33 3.4 4.1 4.1 4.2 4.33 3.4 4.1 5.1 5.21 5.33 5.41 6.1 5.21 5.33	84 City above-named ed by the corp atutes. ed Agent signature TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	D CASCONE, JR., 8022 JAMES IS JACKSONVILLE, S DAVIDSON, BRU	ICE A.	FL Durpose of ct pot the appoin DATE CERS AND D L SERS AND D C L SERS AND D C C C C C C C C C C C C C	IRECTOR Change	s registered registered S IN 12 Addition Addition