


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005071 (6) 1. Corporation Name SUPPORT COORDINATION SERVICES, INC.					
Principal Place of Business 1065 BASS POINT ROAD MIAMI SPRINGS FL 33166 US		Mailing Address 1065 BASS POINT ROAD MIAMI SPRINGS FL 33166 US		3. Date Incorporated or Qualified 11/05/1993	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0449943 Applied For Not Applicable	
9. Name and Address of Current Registered Agent MC DONALD, DAVID 1055 HUNTING LODGE DR. MIAMI SPRINGS FL 33166		10. Name and Address of New Registered Agent 81 Name DAVID McDonald 82 Street Address (P.O. Box Number is Not Acceptable) 1065 Bass Point Road 83 84 City Miami Springs FL 85 Zip Code 33166			
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>David McDonald</i> DATE 9/21/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME MCDONALD, KATHRYN STREET ADDRESS 1065 BASS POINT ROAD CITY-ST-ZIP MIAMI SPRINGS FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE SD NAME MCDONALD, BRIAN STREET ADDRESS 1065 BASS POINT ROAD CITY-ST-ZIP MIAMI SPRINGS FL 33166			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TD NAME MCDONALD, DAVID M. STREET ADDRESS 1065 BASS POINT ROAD CITY-ST-ZIP MIAMI SPRINGS FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: DAVID McDonald DATE 9/21/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E037 (5/98)