SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90001 020 ****61.25

DOCUMENT # N9300005071

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

611218 - 90001 - 20

2. Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
21 17325 NW 62 Gurt 26 17325 NW62 Court				11/05/1993		
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For	
22	27			65-0449943	Not Applicable	
City & State	City & State	~ F/	9	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country Zip	Coi		6. Election Campaign Financing	\$5.00 May Be	
24 33015	75 Dade 29 3301	رار ان	Da 4 "	Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent	
MCDONALD, DAVID				82 Street Address (P.O. Box Number is Not Acceptable)		
1065 BASS POINT ROAD			Street Address (F.O. Box Multiber is Not Acceptable)			
·				83		
MIAMI SPRINGS FL 33166						
			84 City	FL	85 Zip Code	
			<u> </u>	• •	shanging its registered	
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 Signature, board or printed name of recast freed agent and title (if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Registered	Agent signature req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
		DELETE 1.1 TI	TE	<u></u>	Change Addition	
TITLE			i	muDonald Kathern	Clearings Clearing	
NAME	MCDONALD, KATHRYN	1.2 N		17326 NW62CT		
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CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.40	CITY-ST-ZIP	Mamy [-/ 33020]		
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NAME	MCDONALD, DAVID M.	32 N	AME	triadonala para		
STREET ADDRESS	1065 BASS POINT ROAD	3.3 S	TREET ADDRESS	17325 NW 62CF		
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NAME	,	4.21				
			TREET ADDRESS			
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NAME						
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IIITE	U.	DELETE 6.1 T			Change Addition	
NAME		6.2 N	AME			
STREET ADDRESS		6.3 S	TREET ADDRESS			
CITY-ST-ZIP		6.4 C	ITY-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, with all other like empowered.