

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P20922 (1)  
1. Corporation Name  
MANUFACTURERS SUPPORT SERVICES CORPORATION



Principal Place of Business

Mailing Address

~~P.O. BOX 20589~~  
~~ST. PETERSBURG FL 33742~~

~~P.O. BOX 20589~~  
~~ST. PETERSBURG FL 33742~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1988

4. FEI Number

59-2304890

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 PO Box 770666

26 PO Box 770666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33077-0666

25 USA

29 33077-0666

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOYLE, DOROTHY A.

~~6397-3 CAPE HATTERAS WAY N.E.~~

~~ST. PETERSBURG FL 33702~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

915 Riverside Drive #520

83

84

City  
Coral Springs

FL

85

Zip Code  
33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
DOYLE, WILLIAM J.  
~~6397-3 CAPE HATTERAS WAY NE~~  
~~ST. PETERSBURG FL 33702~~

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition  
915 Riverside Drive #520  
Coral Springs, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
DOYLE, DOROTHY A.  
~~6397-3 CAPE HATTERAS WAY NE~~  
~~ST. PETERSBURG FL 33702~~

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition  
915 Riverside Drive #520  
Coral Springs, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE

*Doyle, Dorothy A. Vindry hat 4/27/98*

954-255-0012

CP2E034 (10/97)