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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032146 (1)

DECISION SUPPORT, INC.

Principal Place of Business	ħ
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FILED Sep 03 1997 8:00am Secretary of State



8501 SW 127TH ST. MIAMI FL 33156 3. Date Incorporated or Qualified 05/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25 65-0408651		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		
<u>├──</u> , `		
[94]	Applied For	
	Not Applicable	
► Certificate of Status Desired	75 Additional ee Required	
03.4 0.44	.00 May Be	
28 Trust Fund Contribution	ded to Fees	
Zip Country Zip Country 8. This corporation has liability for intengible tax un	der s. 199.032,	
24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
R1 Namo		
WRAY A ISERCICOMOTE		
343 ALMERIA AVE. CORAL GABLES FL 33012 B2 Street Address (P.O. Box Number is Not Acceptable) 16125 Sw 117 AVE Suite 25		
83		
84 City	Zip Code	
FL MIAM!	33177	
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 of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of th		
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 Florida Statutes.		
SIGNATURE Signature typed on proved once of registered agree and the Lappicable (NOTE Registered Agent signature required when remistating) DATE		
12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.	TORS IN 12	
TETLE PD DELFTE 1.1 TITLE	(
NAME KRAMER, OLIVER 1.2 NAME	;	
STREET ADDRESS 8501 S.W. 127TH ST. 1.3 STREET ADDRESS	[6]	
CITY-ST-ZIP MAMI FL 1.4 CITY-S1-ZIP		
TITLE 2.1 TITLE Ch	nge L Addition C	
NAME 2.2 NAME		
STREET ADDRESS 2.3 STREET ADDRESS		
CITY-ST-ZIP	nge Addition	
NAME 32 NAME	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS 33 STREET ADDRESS	1	
CITY-ST-ZIP 34. CITY-ST-ZIP		
TILE DELETE 41 TILE Cha	nge Addition	
NAME 4 2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE Cha	nge L Addition	
NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS		
STREET ADDRESS GITY-ST-ZIP 5.4 CITY-ST-ZIP		
### DELETE 5.4 CHY-S1-2IP Chi	nge Addition	
NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-SI-ZIP		

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (chapted, or on an appear with an address.

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