

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000043208 (6)**

1. Corporation Name

SUPPORT SYSTEMS INTERNATIONAL, INC.



Principal Place of Business

**5 MOUNTAIN BLVD
SUITE 13
WARREN NJ 07059
US**

Mailing Address

**5 MOUNTAIN BLVD
SUITE 13
WARREN NJ 07059
US**

2. Principal Place of Business

21 **1170 Wiley Dr**

Suite, Apt. #, etc.

22 **Orlando, FL**

City & State

23 **Zip**

Country

24 **32862-0457**

25 **USA**

2a. Mailing Address

26 **P.O. Box 620457**

Suite, Apt. #, etc.

27 **Orlando, FL**

City & State

28 **Zip**

Country

29 **32862-0457**

30 **USA**

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0418881

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BAKER, ROBERT F
31 SEAWATCH DR
BOCA GRANDE FL 33921**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 the date (dd-mm-yy)

(NOTE: Registered Agent signature is required when record is changed)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BAKER, ROBERT F**
STREET ADDRESS **31 SEAWATCH DRIVE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **D** ☐ DELETE
NAME **JOHNSTON, JAMES L**
STREET ADDRESS **2 SLEEPY HOLLOW LANE**
CITY-ST-ZIP **WARREN NJ 07059**

TITLE **P** ☐ DELETE
NAME **PERI, RONALD J**
STREET ADDRESS **1 FARM ROAD**
CITY-ST-ZIP **CHESTER NJ**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

407-856-9069

CR2E034 (12/95)