FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000077782 (9)**

1. Corporation Name
CASE SUPPORT SERVICES, INC.

Principal Place of Business
20 N ORANGE AVE
SUITE 1607
ORLANDO FL 32801

Mailing Address
20 N ORANGE AVE
SUITE 1607
ORLANDO FL 32801

3. Date Incorporated or Qualified: **11/10/1993**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-3211973** — 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
MORGAN, ULTIMA D
315 E ROBINSON ST
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Morgan, Ultima D.
82 Street Address (P.O. Box Number is Not Acceptable): 1520 Whitstable Court
83
84 City: Heathrow FL 85 Zip Code: 32746

11. Pursuant to the provisions of Sections 607.0505 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 or title if applicable (NOTE: Any required signature must be notarized) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MORGAN, JOHN B	
STREET ADDRESS	20 N ORANGE AVE SUITE 1607	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DS	☐ DELETE
NAME	COLLING, STEWART L	
STREET ADDRESS	20 N ORANGE AVE SUITE 1607	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DV	☐ DELETE
NAME	GILBERT, RONALD S	
STREET ADDRESS	20 N ORANGE AVE SUITE 1607	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DT	☐ DELETE
NAME	BATES, SCOTT	
STREET ADDRESS	20 N ORANGE AVE SUITE 1607	
CITY-ST-ZIP	WINTER PARK FL	
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
John B. Morgan President

3/17/96 (407) 426 1414
Date Daytime Phone #

CR2E034 (12/95)