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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000084742 (4)

IN HOUSE SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address 750 WYLLY AVE 750 WYLLY AVE SUITE 5 SUITE 5 SANFORD FL 32773 SANFORD FG 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-32 19699 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Zin Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TYGAR, NEIL E. Kadi 2455 LINDELL BLVD 82 #3501 83 **DELRAY BCH FL 33444** Zip Code 3 2 79 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 an option of the obligations of Section 607.0505, Florida Statutes. Kadin ed name of registered ago of and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change ☐ Addition TYGAR, NEIL B NAME 12 NAME 2455 LINDELL BLVD #3501 STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BOH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Director, President Change DELFTE TITLE Addition Addition 2.1 TITLE RUDIN, MATT NAME 2.2 NAME matthew E **151 TREVOR COURT** STREET ADDRESS 2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

14. Thereby 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 ou an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

HEATHROW FL

Addition

Addition

Addition

Addition

☐ Change

Change

Feb 12 1998 8:00am

Secretary of State