SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030381 (5)**

1. Corporation Name
SOPHISTICATED SUPPORTS, INC.

Principal Place of Business	Mailing Address
400 SOUTH DIXIE HWY. SUITE 320 - THE ARBOR BOCA RATON FL 33432	400 SOUTH DIXIE HWY. SUITE 320 - THE ARBOR BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 399 SE Mizner Blvd
22 Suite, Apt. #, etc.: 66
23 City & State: Boca Raton FL.
24 Zip: 33432
25 Country: USA

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0511666 ☐ 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

GESCHEIDT, RICHARD A
400 S. DIXIE HWY.
SUITE 320 - THE ARBOR
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Les Dorman
82 Street Address (P.O. Box Number is Not Acceptable): 6461 NW 2nd Ave
83:
84 City: Boca Raton **FL** 85 Zip Code: 33487

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: Les Dorman 7/19/95
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	D	1.1 TITLE	PRESIDENT + SEC	☐ Change ☑ Addition
NAME	GESCHEIDT, RICHARD A	1.2 NAME	LES DORMAN	
STREET ADDRESS	400 S. DIXIE HWY., STE. 320	1.3 STREET ADDRESS	399 SE Mizner Blvd	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	Boca Raton FL	
TITLE		2.1 TITLE	V.P.	☐ Change ☑ Addition
NAME		2.2 NAME	Sharon Rubin	
STREET ADDRESS		2.3 STREET ADDRESS	Same	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Les Dorman 7/19/95 407 395 6323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068401 CP