

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

FILED
Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000000329 (9)

1. Corporation Name:
DOWNEAST SUPPORT SYSTEMS, INC.



Principal Place of Business: **690 MONTEREY RD STUART FL 34994**
 Mailing Address: **P.O. BOX 1893 PALM CITY FL 34991-6893 US**

3. Date Incorporated or Qualified: **01/03/1995** 3a. Date of Last Report: **02/26/1996**
 4. FEI Number: **65-0548625** 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

2. Principal Place of Business: **2500 S. KANNER Hwy #3 Stuart, FL 34994**
 2a. Mailing Address: **MARTIN**
 22. City & State: **Stuart, FL**
 23. City & State: **Stuart, FL**
 24. Zip: **34994** 25. Country: **MARTIN** 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent: **CRARY, LAWRENCE E III 555 COLORADO AVE STUART FL 34994**
 10. Name and Address of New Registered Agent:
 81. Name: _____
 82. Street Address (P.O. Box Number is Not Acceptable): _____
 83. _____
 84. City: _____ 85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, DEAN	1.2 NAME	
STREET ADDRESS	2144 SW OAKWATER POINT	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL 34990	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPUGNARDI, DENISE	2.2 NAME	
STREET ADDRESS	1374 SW VIZCAYA CIR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL 34990	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, KRISTEN	3.2 NAME	
STREET ADDRESS	661 SW BAY POINT CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL 34990	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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: *Sandra B. Mortham* Date: **2/19/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: _____

CR2E034 (9/96)