

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

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000000329 (9)**  
 1. Corporation Name  
**DOWNEAST SUPPORT SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2500 S. KANNER HWY #3 STUART FL 34994 US</b>		Mailing Address <b>P.O. BOX 1893 PALM CITY FL 34990 US</b>	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	29. Country	25. Country	30. Country

3. Date Incorporated or Qualified <b>01/03/1995</b>
4. FEI Number <b>65-0548625</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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. City
84. State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent to file if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYAN, DEAN</b>	
STREET ADDRESS	<b>2144 SW OAKWATER POINT</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SPUGNARDI, DENISE</b>	
STREET ADDRESS	<b>1374 SW VIZCAYA CIR</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYAN, KRISTEN</b>	
STREET ADDRESS	<b>861 SW BAY POINT CIR</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BRYAN, DEAN</b>	
1.3 STREET ADDRESS	<b>3070 S.W. CAPTIVA COURT</b>	
1.4 CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SPUGNARDI, DENISE</b>	
2.3 STREET ADDRESS	<b>2580 LONG BOAT WAY</b>	
2.4 CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PHOEBUS, KRISTEN</b>	
3.3 STREET ADDRESS	<b>1374 S.W. VIZCAYA CIRCLE</b>	
3.4 CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 any signature with an address.

SIGNATURE: *Deana Bryan* **2/20/98**

CR2E034 (10/97)