

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

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Mar 25 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 # P95000002893 (2)

UNIFIED SUPPORT SYSTEMS ENTERPRISES, INC.



Principal Place of Business: 8280 PRINCETON SQUARE BLVD., WEST, #5 JACKSONVILLE FL 32256
Mailing Address: 8280 PRINCETON SQUARE BLVD., WEST, #5 JACKSONVILLE FL 32256-0362

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13104 BLACKHAWK TRAIL CT. JACKSONVILLE, FL 32225		26 13104 BLACKHAWK TRAIL CT. JACKSONVILLE, FL 32225		01/09/1995		04/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 JACKSONVILLE, FL		28 JACKSONVILLE, FL		59-3284782		Not Applicable	
24 32225 25 DUVAL		29 32225 30 DUVAL		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WAGNER, JAMES L
13104 BLACKHAWK TRAIL CT
JACKSONVILLE FL 32225

81 Name		10. Name and Address of New Registered Agent	
DAVID BARBER			
82 Street Address (P.O. Box Number is Not Acceptable)			
103 N. 7th St.			
83			
84 City		85 Zip Code	
Lake City		FL 32055	

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 will accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *David M. Barber* DAVID M. BARBER - MANAGER 3/20/97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYE, BARRY D	1.2 NAME	
CITY/STATE/ZIP	103 N 7 ST LAKE CITY FL 32055	1.3 STREET ADDRESS	
TITLE	D	1.4 CITY - ST - ZIP	
NAME	ZECHER, FRANK E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	947 ARTHUR MOORE DR	2.2 NAME	
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043	2.3 STREET ADDRESS	
TITLE	D	2.4 CITY - ST - ZIP	
NAME	DOUGLAS, H. MARSHALL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 3648 N/A	3.2 NAME	
CITY - ST - ZIP	LAKE CITY FL 32056-2648	3.3 STREET ADDRESS	
TITLE	D	3.4 CITY - ST - ZIP	
NAME	TERHUNE, JOHN J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1800 W NEW YORK AVE	4.2 NAME	
CITY - ST - ZIP	DELAND FL 32720	4.3 STREET ADDRESS	
TITLE	S	4.4 CITY - ST - ZIP	
NAME	JOYE, LURONDA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	103 N 7 ST	5.2 NAME	
CITY - ST - ZIP	LAKE CITY FL 32055	5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		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 of this report, or on an attachment with an address.

SIGNATURE: *Barry D. Joye* 3-21-97 94-752-0923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disposal Number #

CR2E034 (9/96)