

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 22 1996 8:00 am  
Secretary of State

DOCUMENT # P95000043059 (1)

1. Corporation Name

STORE SUPPORT, INC.



Principal Place of Business

777 SOUTH FLAGLER DRIVE  
SUITE 900 EAST  
W PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE  
SUITE 900 EAST  
W PALM BEACH FL 33401

2. Principal Place of Business

21 250 AUSTRALIAN AVE

Suite, Apt. #, etc.

22 13th Floor

City & State

23 West Palm Beach FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 250 AUSTRALIAN AVE

Suite, Apt. #, etc.

27 13th Floor

City & State

28 West Palm Beach FL

Zip

29 33401

Country

30 USA

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0584777

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

SPRINKLE, PHILIP M II  
777 SOUTH FLAGLER DRIVE  
SUITE 900 EAST  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

FAIRCLOUGH, MICHAEL J  
450 AUSTRALIAN AVE.  
W PALM BEACH FL 33401

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D  
RAYMOND J. WILKINSON  
423 Hopewell Rd  
Waverly OH 45690

☐ Change ☒ Addition

T  
Rick Rider  
250 AUSTRALIAN AVE, 13th Floor  
West Palm Beach FL 33401

☐ Change ☒ Addition

S  
James F. Arpe  
250 AUSTRALIAN AVE, 13, Floor  
West Palm Beach, FL 33401

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

James F. Arpe

3-18-96 407-803-4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)