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Jan 21 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 # P95000043059 (1)

1. Corporation Name
STORE SUPPORT, INC.

Principal Place of Business
250 AUSTRALIAN AV
13TH FLOOR
WEST PALM BEACH FL 33401
US

Mailing Address
250 AUSTRALIAN AV
13TH FLOOR
WEST PALM BEACH FL 33401-5010
US



3. Date Incorporated or Qualified 06/02/1995
3a. Date of Last Report 03/22/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 James F. Arpe
82 Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVE, 13th Floor
83
84 City West Palm Beach FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.050 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 James F. Arpe, Secretary, James F. Arpe 1-8-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RAYMOND J WILKINSON
STREET ADDRESS 423 HOPEWELL RD
CITY-ST-ZIP WAVERLY OH

TITLE T ☐ DELETE
NAME RICK RIDER
STREET ADDRESS 250 AUSTRALIAN AV 13TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE
NAME JAMES F ARPE
STREET ADDRESS 250 AUSTRALIAN AVE 13TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME James F. Arpe
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: James F. Arpe, Secretary, James F. Arpe 1-8-97 561-803-4480
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)