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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARPE, JAMES F.
250 AUSTRALIAN AVE., 13TH FLOOR
WEST PALM BEACH FL 33401

81 Name

MICHAEL A. CONNELLY

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

250 S. AUSTRALIAN AVENUE, 13th Floor

83

WEST PALM BEACH FL

84 City

FL

85 Zip Code

33401

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

Michael A. Connelly

Michael Connelly, Secretary

4/29/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
RAYMOND J WILKINSON
STREET ADDRESS
423 HOPEWELL RD
CITY-ST-ZIP
WAVERLY OH

11 TITLE VICE PRESIDENT ☐ Change ☒ Addition

12 NAME
DAVID T. OLMAN
13 STREET ADDRESS
250 S. AUSTRALIAN AVENUE, 13th Floor
14 CITY-ST-ZIP
WEST PALM BEACH, FL 33401

TITLE ☒ DELETE

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

21 TITLE SECRETARY & Treasurer ☐ Change ☒ Addition

22 NAME
MICHAEL A. CONNELLY
23 STREET ADDRESS
250 S. AUSTRALIAN AVENUE, 13th Floor
24 CITY-ST-ZIP
WEST PALM BEACH FL 33401

TITLE ☒ DELETE

NAME
ARPE, JAMES F
STREET ADDRESS
250 AUSTRALIAN AVE., 13TH FLOOR
CITY-ST-ZIP
WEST PALM BEACH FL

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 an attachment with an address.

SIGNATURE *M. Connelly*

4/29/98

561-803-4496

CP2E034 (10/97)