

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P95000081526 (2)

1. Corporation Name  
**THE SUPPORT CENTER, INC.**



Principal Place of Business <b>38541-43 U.S. 19 NORTH PALM HARBOR FL 34684</b>	Mailing Address <b>38541-43 U.S. 19 NORTH PALM HARBOR FL 34684-1033</b>
---	--

3. Date Incorporated or Qualified <b>10/24/1995</b>	3a. Date of Last Report <b>11/01/1996</b>
4. FEI Number <b>59-3340181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MIKOS, CYNTHIA A ESQ.  
JACOBS, FORLIZZO & NEAL, P.A.  
13577 FEATHER SOUND DRIVE, SUITE 300  
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>510 Vonderburg Drive Suite 3005</b>
84 City	<b>Brandon FL 33511</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STREET ADDRESS	
1.3 STREET ADDRESS	CITY - ST - ZIP	
2.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STREET ADDRESS	
2.3 STREET ADDRESS	CITY - ST - ZIP	
3.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STREET ADDRESS	
3.3 STREET ADDRESS	CITY - ST - ZIP	
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STREET ADDRESS	
4.3 STREET ADDRESS	CITY - ST - ZIP	
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STREET ADDRESS	
5.3 STREET ADDRESS	CITY - ST - ZIP	
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STREET ADDRESS	
6.3 STREET ADDRESS	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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 216-642-0202  
Date Daytime Phone #

CR2E034 (9/96)