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

FILED
Jun 18 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 # P95000081526 (2)

1. Corporation Name
THE SUPPORT CENTER, INC.

Principal Place of Business	Mailing Address
38541-43 U.S. 19 NORTH PALM HARBOR FL 34684	38541-43 U.S. 19 NORTH PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1995**

4. FEI Number: **59-3340181** ☐ Applied For ☐ Not[redacted]

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	26 90 EARHART DRIVE
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27 2
City & State 23	City & State 28 WILLIAMSVILLE, NY
Zip 24 / Country 25	Zip 29 14221 / Country 30

9. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A ESQ.
JACOBS, FORLIZZO & NEAL, P.A.
510 VONDERBURG DRIVE, SUITE 3005
BRANDON FL 33511

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, KATHLEEN E		1.2 NAME	
STREET ADDRESS	430 NANTUCKET		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON LAKE OH		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STERBEN, CHRISTOP PR		2.2 NAME	
STREET ADDRESS	6100 ROCKSIDE WOODS BLVD., SUITE 100		2.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH		2.4 CITY-ST-ZIP	
TITLE	CFO	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, EDWIN		3.2 NAME	
STREET ADDRESS	6100 ROCK SIDEWOODS BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH 44131		3.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STERBEN, RICHARD		4.2 NAME	
STREET ADDRESS	90 EARHART DRIVE, SUITE 100		4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STERBEN, PAULINE J		5.2 NAME	
STREET ADDRESS	67 BIRCHWOOD DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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.

CR2E034 (10/97)