


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90072 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000081526**

1. Corporation Name  
~~THE SUPPORT CENTER, INC.~~  
 FAMILY SERVICES OF PINELLAS COUNTY, INC.



Principal Place of Business 38541-43 U.S. 19 NORTH PALM HARBOR FL 34684	Mailing Address 90 EARHART DR SUITE 2 WILLIAMSVILLE NY 14221 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4910-K CREEKSIDE DRIVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 714 MAPLE ROAD Suite Apt. #, etc. 27 125
City & State 23 CLEARWATER, FL	City & State 28 WILLIAMSVILLE, NY
Zip Country 24 33760 USA	Zip Country 29 14221 USA

3. Date Incorporated or Qualified 10/24/1995	4. FEI Number 59-3340181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	STERBEN, RICHARD	
STREET ADDRESS	90 EARHART DRIVE, SUITE 100	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STERBEN, PAULINE J	
STREET ADDRESS	67 BIRCHWOOD DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	714 MAPLE ROAD SUITE 125	
1.4 CITY-ST-ZIP	WILLIAMSVILLE, NY 14221	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	714 MAPLE ROAD SUITE 125	
2.4 CITY-ST-ZIP	WILLIAMSVILLE, NY 14221	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Pauline J. Sterben **REQUIRED** 4/27/99 716-688-2124  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)