

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90024 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000004828

1. Corporation Name  
**ABS SUPPORT SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 10372 CARROLLWOOD LANE  
 SUITE 245  
 TAMPA FL 33618

Mailing Address  
 10372 CARROLLWOOD LANE  
 SUITE 245  
 TAMPA FL 33618  
 US

3. Date Incorporated or Qualified  
**01/12/1996**

4. FEI Number  
**59-3370288**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **215 St. Thomas Cir. N.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **P.O. Box 3279**  
 Suite, Apt. #, etc.

22

23 **Apollo Beach, FL**  
 City & State

28 **Apollo Beach, FL**  
 City & State

24 **33572** 25 **USA**  
 Zip Country

29 **33572** 30 **USA**  
 Zip Country

9. Name and Address of Current Registered Agent  
**LAREAU, ANITA M.**  
 10372 CARROLLWOOD LANE  
 SUITE 245  
 TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name  
**LAREAU, Anita M.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**215 St. Thomas Circle N.**

83

84 City **Apollo Beach** FL 85 Zip Code **33572**

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 **Anita M. Lareau** President **Anita M. LAREAU** 3/12/99  
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	PTDC	<input type="checkbox"/> DELETE
NAME	LAREAU, ANITA M.	
STREET ADDRESS	10372 CARROLLWOOD LANE #245	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCOY, DEBORAH A.	
STREET ADDRESS	5212 CAREY ROAD	
CITY-ST-ZIP	TAAMPA FL 33624	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCOY, JAMES R.	
STREET ADDRESS	5212 CAREY ROAD	
CITY-ST-ZIP	TAMPA FL 33624	
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	PTDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAREAU, ANITA M.	
1.3 STREET ADDRESS	215 St. Thomas Circle N.	
1.4 CITY-ST-ZIP	APOLLO BEACH, FLA 33572	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 **Anita M. Lareau** 3/12/99 813-960-3154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP 034 (11/98)