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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

(SAC)755-4544

A CRANICAL NA TRIA BONG BONG BONG BONG BONG BANG BURG JANG JONE BURG SOCK JES

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600

P96000058768 (8)

SUPPORT SERVICES FOR SMALL BUSINESSES, INC.

Principal Place	e of Businoss	Maili	ng Address						A MANAGA NIN ININ NININ NUNI NANI NANI			DATE OF THE PROPERTY OF THE PR
13421 SW 183 MIAMI FL 3317 US		SUIT	16201 S.W. 95TH AVE. Suite 109 Miami Fl 33157					DO NOT WRITE	IN THIS	SPACE		
**								•	Date Incorporated or Qualified			
					· · · · · ·				<u>07/12/1996 </u>		- 1 1	
·····	lace of Business	·	failing Address					4.	FEI Number		├ ──	Applied For
21	# Alo	26	ulte, Apt #, etc.						65-0678925			Not Applicable Additional
Suite, Apt.		27	27						Certificate of Status Desired		Fee	Required
City & State	e ,	-	City & State					1	Election Campaign Financing	П		May Be
23	Country	28		Col	intry	,			Trust Fund Contribution	id the eve		d to Fees
Zip 24	25	29	' -			Journey .		l	This corporation owes or has pa Personal Property Tax due June		X Yes	□ No
24]	9. Name and Address of Curre		red Agent	1301	· · · ·				Name and Address of New Re			
001	RDON, LIBBY				81	N	ame					
	NUON, LIBOT 01 S.W. 95TH AVE				82	1 2		(1)	O Pay Number is Not Assentsh	da)	-	
	TE 109					51	ireet Addres	dress (P.O. Box Number is Not Acceptable)				
	MI FL 33157				83	1						
THIE STATE OF THE	1111 1 C 00101				84	<u> </u>	da				85 Zi	p Code
A							•		•	FL	, ' '	•
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,	Signature, typed or printed name of registered as	·	·	13.	a Age	oni sig	gnature required		ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	PST	us on con	DELETE	1.1 T	TLF						Chang	
NAME	LIBBY, GORDON			1.2 N	AME							
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CITY-ST-ZIP	MIAMI FL 33177	_		1.4 0	ITY - S	ST - Z#	Р					
TITLE	Ď		DELETE		2.1 TITLE						☐ Chang	e 🔲 Addition
NAME	LIBBY, GORDON		2.2		2.2 NAME							
STREET ADDRESS	13421 S.W. 183RD TERRACE	Ē		2.3 \$	TREET	T ADD	RESS					
CITY-ST-ZIP	MIAMI FL 33177			2.40	HY-	S7-21	IP .	<u>-</u> .				
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CITY-ST-ZIP						ST-ZI	IP .				05	. The service
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STREET ADDRESS												
CITY-ST-ZIP	i			■ 0.40	n r - 8	S7 - ZII	₹					

14. Thereby 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 supplementation and report is true and acquired 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 regeiver or trustee emprevered be accused 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 althorizent with an address.