

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90049 039 ***158.75

DOCUMENT # PA6000086802 ✓
1. Corporation Name
CPA SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address

6828 NW 12 STREET
PLANTATION, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-21-96

2. Principal Place of Business

21 4631 NE 3RD AVE

Suite, Apt. #, etc.

22 City & State

23 FT LAUDERDALE

Zip

24 33334

Country

25 USA

2a. Mailing Address

26 4631 NE 3RD AVE

Suite, Apt. #, etc.

27 City & State

28 FT LAUDERDALE

Zip

29 33334

Country

30 USA

4. FEI Number

65-0707101

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DEBORAH PALLISER
6828 NW 12 STREET
PLANTATION, FL 33334

10. Name and Address of New Registered Agent

81 Name DEBORAH PALLISER
82 Street Address (P.O. Box Number is Not Acceptable)
4631 NE 3RD AVENUE
83
84 City FT LAUDERDALE FL 85 Zip Code 33334

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 Deborah Palliser
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	DEBORAH PALLISER	4631 NE 3RD AVENUE	FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)