

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000006856 (3)**  
 1. Corporation Name  
**SMALL BUSINESS SUPPORT, INC.**



Principal Place of Business <b>15026 MADEIRA WAY MADEIRA BEACH FL 33708</b>	Mailing Address <b>15026 MADEIRA WAY MADEIRA BEACH FL 33708</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/17/1997**

2. Principal Place of Business 21 <b>15006 Madeira Way</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 8155</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 <b>Zip</b>	28 <b>Madeira Beach, FL</b>
24 <b>Country</b>	29 <b>33738</b>
25 <b>Country</b>	30 <b>USA</b>

4. FEI Number  
**59-3432871**  
 Applied For  
 Not Applicable

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

9. Name and Address of Current Registered Agent  
**WISEMAN, PAUL E  
 15026 MADEIRA WAY  
 MADEIRA BEACH FL 33708**

10. Name and Address of New Registered Agent

81 Name <b>Shirlee H. Wiseman</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15006 Madeira Way</b>
83
84 City <b>Madeira Beach FL</b>
85 Zip Code <b>33708</b>

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 Shirlee H. Wiseman Shirlee H. Wiseman 3/4/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE <b>President</b>	NAME <b>Shirlee H. Wiseman</b>	<input type="checkbox"/>
STREET ADDRESS <b>15006 Madeira Way</b>	CITY-ST-ZIP <b>Madeira Beach, FL 33708</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME		
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: Shirlee H. Wiseman Shirlee H. Wiseman 3/11/98 813-391-4453

CR2E034 (10/97)