


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

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Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 030 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 098000103843		
1. Corporation Name CHILD SUPPORT SERVICES INC		

Principal Place of Business
**5331 COMMERCIAL WAY
STE. 104
SPRING HILL FL 34606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12-14-1998
1 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3562774
2 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
3 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PAUL H. NESSLER, JR.
4052 COMMERCIAL WAY
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name **MARVIN J. WASHINGTON**
82 Street Address (P.O. Box Number is Not Acceptable)
164
83 **DAK LAKE DRIVE**
84 City **SPRING HILL** FL 85 Zip Code **34608**

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.

NATURE **Marvin J. Washington - President** **6-29-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	ZIP	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			1.2 NAME	
ADDRESS	ZIP	DELETED	1.3 STREET ADDRESS	
			1.4 CITY-ST-ZIP	
ADDRESS	ZIP	DELETED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.2 NAME	
ADDRESS	ZIP	DELETED	2.3 STREET ADDRESS	
			2.4 CITY-ST-ZIP	
ADDRESS	ZIP	DELETED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME	
ADDRESS	ZIP	DELETED	3.3 STREET ADDRESS	
			3.4 CITY-ST-ZIP	
ADDRESS	ZIP	DELETED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME	
ADDRESS	ZIP	DELETED	4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	
ADDRESS	ZIP	DELETED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME	
ADDRESS	ZIP	DELETED	5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
ADDRESS	ZIP	DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME	
ADDRESS	ZIP	DELETED	6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

I 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 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: **Marvin J. Washington** **6-29-99** **(352) 597-2111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P98000103843
582944-90006-30

PLEASE ACCEPT FILING FEE DUE TO
THE FACT WE DID NOT RECEIVED DOCUMENTS
UNTIL JUNE 28, 1999.

SINCERELY
Maurice J. Washington - Pres.