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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Coordery of Ctate

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20385

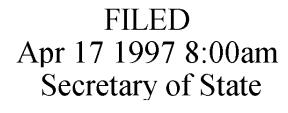
(8)

SUPPORT ANALYSIS MANAGEMENT, INC.

C,

Principal Place of Business

Mailing Address





628 EAST PINE ORLANDO FL US		6335 DELTA LEAH DRIVE ORLANDO FL 32818-1727 US							
						3. Date Incorporated or Qualified 12/21/1990	3a. Date of Last Report 03/07/1996		
	Place of Business	2a. Mailing Address				4. FEI Number	•		Applied For
Sulte, Apt.	L. Summerlin Ave.	Suite, Apt. #, etc.				59-3044709			Not Applicable
22 Suite 101 27						5. Certificate of Status Desired			Additional Required
City & State  City & State  City & State  28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 32	801 25 USA	<b>7</b> ip <b>29</b>	30 Coul	ntry 		8. This corporation has liability for in Florida Statutes	ntangible Yes		s. 199.032,
·	9. Name and Address of Current I	Registered Agent		T		10. Name and Address of New Reg	istered A	gent	
	AMS, LEHN E.			81	Name				
801 NORTH MAGNOLIA AVENUE Suite 201				82	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)		
ORLANDO FL 32803				83					
				84	City		FL	1 1 '	o Code
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	gant	and or, deciron cor locaci in	oritia Otali	3100.	•				
	Signature, typod or printed name of registered agent a			Agen	nt signature required		DATE		
12.	OFFICERS AND [		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE NAME	STP BELL, NATALIE ROSE	☐ DELETE	1.1 117					Change	Addition
STREET ADDRESS	6335 DELTA LEAH DR.		1.2 NAI		+ no nron				
CITY-ST-ZIP	ORLANDO FL				ADDRESS				
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NAME			4. 2 NA					1	$(\sim, <$
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TITLE NAME		DELETE	51 Till (				L	Change	Addition
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CITY-ST-ZIP					ADDRESS				
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NAME			6.2 NAM						C VORIGINI
STREET ADDRESS			ı		ADDRESS	500002147 -04/18/970101	752	25	
CITY-ST-ZIP			6.4 CITY		]	-04/18/970101	707	0	
					- "	<u>****155-66</u>			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907 (3)). Holida 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 eath; 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.

OLONIATURE.

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4-10-07 WAR OHI-7KH