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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S32590** (9)

1. Corporation Name  
**SERVICES SUPPORT INC.**

Principal Place of Business  
**301 MAGNOLIA AVE  
MERRITT ISLAND FL 32952  
US**

Mailing Address  
**301 MAGNOLIA AVE  
MERRITT ISLAND FL 32952-4817  
US**



3. Date Incorporated or Qualified <b>02/18/1991</b>	3a. Date of Last Report <b>02/06/1996</b>
4. FEI Number <b>59-3053311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**FLIEDER, CLAIR E.  
303 MAGNOLIA AVE  
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	CITY - ST - ZIP	13 STREET ADDRESS	14 CITY - ST - ZIP
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS	CITY - ST - ZIP	23 STREET ADDRESS	24 CITY - ST - ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY - ST - ZIP	33 STREET ADDRESS	34 CITY - ST - ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY - ST - ZIP	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do 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: **CLAIR E FLIEDER** 1-28-97 407-452-6045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)