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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:51

DOCUMENT # **S54954** (0)

1. Corporation Name

HUMAN SERVICES SUPPORT SYSTEM, INC.

Principal Place of Business

1790 S.W. 27TH AVENUE
MIAMI FL 33145
US

Mailing Address

1790 SW 27TH AVENUE
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/24/1991** 3a. Date of Last Report **04/25/1994**

4. FEI Number **65-0285406** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**SALTMAN, DAVID B.
429 POINCIANA ISLAND DR
MIAMI FL 33160**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **P**
1.2 NAME **MERRITT, MADELYN F**
1.3 STREET ADDRESS **4485 ADAMS AVE**
1.4 CITY-ST-ZIP **MIAMI BCH FL**

2.1 TITLE **V**
2.2 NAME **YARUS, GARY**
2.3 STREET ADDRESS **330 WEST 4TH STREET**
2.4 CITY-ST-ZIP **MIAMI BEACH FL**

3.1 TITLE **S**
3.2 NAME **VEIL, SHARRY**
3.3 STREET ADDRESS **4000 TOWERSIDE TERRACE, #1501**
3.4 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **YARUS, GARY**
1.3 STREET ADDRESS **330 WEST 45TH STREET**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **MANNING, OREN**
2.3 STREET ADDRESS **9100 S. DADELAND BLVD., #325**
2.4 CITY-ST-ZIP **MIAMI, FL 33156-7812**

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME **NEAL FARR**
3.3 STREET ADDRESS **8190 SW 108 STREET**
3.4 CITY-ST-ZIP **MIAMI, FL 33156**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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 its agent, or a person 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 not an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

GARY YARUS

2/3/95 (305) 446-0538