

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90263 004 ***150.00

0217507

DOCUMENT # S54954

1. Corporation Name

HUMAN SERVICES SUPPORT SYSTEM, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1991

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALTMAN, STUART
STREET ADDRESS 3802 NE 207 ST, #602
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME LINEVSKY, RICHARD
STREET ADDRESS 200 SW 15 RD #7C
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE

NAME ROTH, ELLEN
STREET ADDRESS 3 GROVE ISLE DR, #1604
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME FARR, NEAL
STREET ADDRESS 11100 SW 64TH AVE
CITY-ST-ZIP PINECEST FL 33156

TITLE VD ☐ DELETE

NAME STAYMAN, MYRON
STREET ADDRESS 3600 YACHT CLUB DR. #1002
CITY-ST-ZIP AVENTURA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS MIAMI FL 33180
1.4 CITY-ST-ZIP

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS MIAMI FL 33129
2.4 CITY-ST-ZIP

3.1 TITLE T/D ☐ Change ☒ Addition

3.2 NAME GOLDBERG-COHEN, MARTA
3.3 STREET ADDRESS 200 S. BISCAYNE BLVD. #3170
3.4 CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE V/D ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 1457 MARINER WAY
5.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME S/D
6.3 STREET ADDRESS SCHMIDT, EDWARD
6.4 CITY-ST-ZIP 9500 S. DADELAND BLVD. #702
MIAMI FL 33156

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, with all other like empowered.

SIGNATURE:

RICHARD B. LINEVSKY

Date

Daytime Phone #

CR2E034 (11/98)