

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35974 (7)

1. Corporation Name

THE SUPPORT STRATEGIES GROUP, INC.

Principal Place of Business

2600 N MILITARY TR
STE 411
BOCA RATON FL 33431

Mailing Address

2600 N MILITARY TR
STE 411
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/11/1982

3a. Date of Last Report

02/09/1994

4. FEI Number

65-0334075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 23360 Water Circle

Suite, Apt. #, etc.

22

City & State

23 Boca Raton, FL

Zip

Country

24 33486

25

USA

2a. Mailing Address

26 4600 N. Ocean Blvd.

Suite, Apt. #, etc.

27

City & State

28 Boynton Beach, FL

Zip

Country

29 33435

30

USA

9. Name and Address of Current Registered Agent

LAVERY, MICHAEL J.
2600 N MILITARY TR
STE 411
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

4600 N. Ocean Blvd., Ste. 206

83

84 City

Boynton Beach

FL

85 Zip Code

33435

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 MICHAEL J. LAVERY

Signature, typed or printed name of registered agent and the 4 applicable:

NOTE: Registered agent signature required when re-registering.

Date

3/27/95

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	YOUNT, ROBIN E
STREET ADDRESS	23360 WATER CIRCLE
CITY - ST - ZIP	BOCA RATON FL
TITLE	PTD
NAME	FARIS, JOHN B
STREET ADDRESS	1280 CYPRESS WAY
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ 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	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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)(k), 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 authorized or true and accurate representative empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

ROBIN E. YOUNT

Equil 95

407 393 3865