

July 22, 1997

STORE SUPPORT, INC. C116400  
250 Australian Ave  
West Palm Beach FL 33401

RE: STORE SUPPORT, INC. C116400

Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

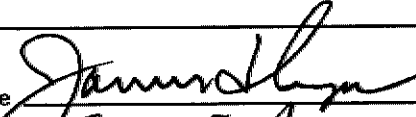
If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries  
Corporate Division

Enclosures: cited

No. <b>C116400</b>	<b>Annual Report Form</b> <b>1997</b> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX							
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>STORE SUPPORT, INC.</b>  <b>250 AUSTRALIAN AVE</b>  <b>WEST PALM BEACH FL 33401</b>		<b>CORPORATION SERVICE COMF</b> <b>200 N. 23RD ST.</b>  <b>BOISE ID 83702</b>  3. Organized Under the Laws of:  <b>FL C116400</b>							
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>					
5.		6. Signature <u></u> Date <u>7-17-97</u> Name <small>(typed or printed)</small> <u>James F. Arpe</u> Title <u>Secretary</u>								

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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