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 MAY -1 PM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61571 (2)

1. Corporation Name
ADVANCED CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~SUITE 800, 505 WEKIVA SPGS ROAD~~ ~~LONGWOOD FL 32779~~	~~SUITE 800, 505 WEKIVA SPGS ROAD~~ ~~LONGWOOD FL 32779~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1987
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1101 N. Lake Destiny Rd	26 1101 N. Lake Destiny Rd
Suite, Apt. #, etc. 22 Suite 225	Suite, Apt. #, etc. 27 Suite 225
City & State 23 Maitland, FL	City & State 28 Maitland, FL
Zip 24 32751 Country 25 Orange	Zip 29 32751 Country 30 Orange

4. FEI Number: 59-2767350 ☐ 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

9. Name and Address of Current Registered Agent

NOGA, GEORGE K.
~~SUITE 800, 505 WEKIVA SPGS RD~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1101 N. Lake Destiny Rd Suite 225

83

84 City Maitland FL 85 Zip Code 32751

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 George Noga
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	NOGA, GEORGE K.	1.2 NAME	
STREET ADDRESS	505 WEKIVA SPGS RD S800	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SACCO, THOMAS S.	2.2 NAME	
STREET ADDRESS	505 WEKIVA SPGS RD S800	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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: Thomas S. Sacco Thomas S. Sacco 4-24-95 (407)875-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044686 CP