

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

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**May 09 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000040541 (3)**

1. Corporation Name  
**ADVANCE MEDIA, INCORPORATED**



Principal Place of Business  
**195 S WESTMONTE DR  
SUITE K  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**P.O. BOX 162164  
ALTAMONTE SPRINGS FL 32716-2164**

3. Date Incorporated or Qualified **06/09/1993** 3a. Date of Last Report **04/30/1996**

4. FEI Number **59-3195926** 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 2a. Mailing Address

21 Suite, Apt #, etc: 26 Suite, Apt #, etc.

22 City & State: 27 City & State

23 Zip: 28 Country: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZOTTNECK, SCOTT W  
202 MAJESTIC OAK DR  
ALTAMONTE SPRINGS FL 32714**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **P**  DELETE  
NAME **ZOTTNECK, SCOTT W**  
STREET ADDRESS **202 MAJESTIC OAK DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **S**  DELETE  
NAME **ZOTTNECK, STACEY S**  
STREET ADDRESS **202 MAJESTIC OAK DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
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 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.

SIGNATURE: *Scott W. Zottneck* **SCOTT W. ZOTTNECK** 4/29/97 407-288-0872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)