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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name	# 1	794000012330 (	(2)
451/41/688		****	

ADVANCED LOGISTIC SYSTEMS, INC. Principal Place of Business Mailing Address 1211 EAST PINE AVENUE 1211 EAST PINE AVENUE ORLANDO FL 32824 ORLANDO FL 32824 3. Date Incorporated or Qualified 3a. Date of Last Benort 02/10/1994 03/28/1995 2. Principal Place of Business 4. FEI Number Applied For 59-3222556 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intra gible tax under s. 199.032, Florida Statutes 🔲 Yes 🗓 No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POOLE, WILLIAM (FRED) IV, PA Street Address (P.O. Box Number is Not Acceptable) 82 644 WEST COLONIAL DRIVE ORLANDO FL 32804 83 City 85 Zip Code FL 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. Thereby accept the appointment as registered agent. I am arrive with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (12/95) 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE DELETE 1 1 THILE Addition URRETA, AITOR NAME 1.2 NAME CR2E034 10298 WATER HYACINTH DRIVE SPREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP 10 TIPLE DELETE 2 1 TITLE Change ☐ Addition KLEIN, DAVID L NAME 2.2 NAME 2325 DOULTON DR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 24 CITY-ST-749 THE DELETE 3. 1 7 TLF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 01Y-\$1-ZP 34 CITY - ST-7IP THLE DELETE 4 1 TITLE Change ☐ Addit-on NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST- ZIP 4 4 CITY - \$1 - ZIF TPUE DELETE 5 1 TOLE Add tion Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 540-TY-ST-ZP TITLE DELETE 6 1 TILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZP 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 adjust report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the application of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:** 

oath: that I am an officer or director appears in Block 12 or Block 13 if o