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

PROFIT CORPORATION ANNUAL REPORT

1999

FREDERICK, WILLIAM J

1060 S.E. 20TH PLACE CAPE CORAL FL 33990



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039598

1. Corporation Name

ADVANTAGE ADJUSTNENT CONT	AIVI
Principal Place of Business	Mailing Address
1508 SE 17 AVE 5 CAPE CORAL FL 33990 US	P.O. BOX 151089 CAPE CORAL FL 33915-1089
2. Principal Place of Business 21 /4/4 SE /7 AVE	2a. Mailing.Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CAPE CORAL, FL	City & State
Zip Country 24 33 990 25 U.S.A	Zip Country 29 30

9. Name and Address of Current Registered Agent

Applied For

□No

Fee Required \$5.00 May Be

Added to Fees

12 Yes

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

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05/02/1996 4. FEI Number

65-0663534

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

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

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

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				City		FL		Zip Co			
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 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 OFFIC	ERS AN	D DIRE	CTOR	S IN 12		
TITLE	P DELETE	1.1 TITLE	E.				Cha	nge	Addition		
NAME	FREDERICK, WILLIAM	1.2 NAM	Æ				•				
STREET ADDRESS	1060 S.E. 20TH PLACE	1.3 STR	EETA	DORESS							
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY	-ST-	ZIP							
TITLE	ST DELETE	2.1 TITLE	E				Chai	nge	☐ Addition		
NAME	FREDERICK, CAROLYN	2.2 NAM	ΙE	İ					ì		
STREET ADDRESS	1060 S.E. 20TH PLACE	2.3 STRE	EET A	ODRESS							
CITY-ST-ZIP	CAPE CORAL FL 33990	2. 4 CITY	Y-\$T-	ZIP							
TITLE	☐ DELETE	3.1 TITLE	ε				Cha	nge	☐ Addition		
NAME		3.2 NAM	E								
STREET ADDRESS		3.3 STRE	EET A	NODRESS							
C/TY-ST-Z/P	<u></u>	3.4. CITY	Y-ST-	ZIP							
TITLE	☐ DELETE	4.1 TITLE	E				☐ Cha	nge	☐ Addition		
NAME		4. 2 NAN	ИE								
STREET ADDRESS		4.3 STRI	EET A	ADDRESS							
CITY-ST-ZIP		4.4 CITY	'-ST-	ZIP							
TITLE	DELETE	5.1 TITU					Cha	nge	☐ Addition		
NAME		5.2 NAM	E	ŀ					{		
STREET ADDRESS		5.3 STR	EET A	ADDRESS					ļ		
CITY-ST-ZIP		5.4 CITY		ZiP							
TITLE	DELETE	6.1 TITLE	E				☐ Cha	nge	☐ Addition		
NAME		6.2 NAM	Œ								
STREET ADDRESS		6.3 STRI	EET A	ADDRESS	•						
CITY-ST-ZIP		6.4 CITY									
14. I 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											

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indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section (19.07(3)(i), Florida Statutes. I nurrier 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 of 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, one an attachment with an address, with all other like empowered.

WILLIAM J. FREDERICK