

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

**FILED**

**May 07 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000060270 (1)**

1. Corporation Name  
**ADVENT SOUTH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**690 NW 157TH AVENUE  
PEMBROKE PINES FL 33028**

Mailing Address  
**690 NW 157TH AVENUE  
PEMBROKE PINES FL 33028**

3. Date Incorporated or Qualified  
**07/17/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

4. FEI Number  
**65-0741140**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BEASLEY, THOMAS H  
690 NW 157TH AVENUE  
PEMBROKE PINES FL 33028**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PD BEASLEY, THOMAS H**  
STREET ADDRESS **690 NW 157TH AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE  DELETE  
NAME **D GUBERNICK, MARVIN**  
STREET ADDRESS **7664 NW 18TH ST STE 406**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE  DELETE  
NAME **D PSYZK, MICHAEL**  
STREET ADDRESS **2805 NW 70TH AVENUE**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE  DELETE  
NAME **D MORTATI, TOM**  
STREET ADDRESS **395 BEACON ST**  
CITY-ST-ZIP **TEQUESTA FL 33469**

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 **Director George Jones**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **Miami, FL**

2.1 TITLE  Change  Addition  
2.2 NAME **Director Gifford Spence**  
2.3 STREET ADDRESS **640 SW 94th Terrace**  
2.4 CITY-ST-ZIP **Pembroke Pines, FL 33120**

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 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 *Thomas H. Beasley*

**Thomas H. Beasley 4/21/98**

CR2E034 (10/97)