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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000086288 (3)

AVANTI FINANCIAL ADVISORS INC.

2. Principal F 21 Suite, Apt	O AVENUE SPRINGS FL :3270-1 Place of Business	Mailing Address 251 MAITLAND AVENUE #103 ALTAMONTE SPRINGS FL: 28. Mailing Address 26 Suite, Apt. #, etc.	32701 4913	3. Date Incorporated or Qualified 10/18/1996 4. FEI Number 59 - 3407740 5. Certificate of Status Desired	3a. Date of Last Report Applied For Not Applicable \$8.75 Additional
City & Stat	0	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	7ip 29	Country 30	This corporation has liability fo Ftorida Statutes	r intangible tax under s. 199.032,
	9. Name and Address of Cur		30	10. Name and Address of New R	
All (ELLO, JOSEPH J		81 Name	ө	**************************************
	MAITLAND AVENUE		82 Stree	t Address (P.O. Box Number is Not Accepta	blo)
#103			62 51700	n Address (P.O. Box Number is Not Accepta	able)
	ramonte springs fl ;3270-	1	83		
			84 City		FL 85 Zip Code
SIGNATURE	Joseph T. Bill Signature, typed or purbanance of registered OFFICERS	agent and title if applicable (NOVE:	Rogistered Agent signatu	d corporation submits this statement for the progration's board of directors. I hereby according to the required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TALE	0	☐ DELETE	1.1 TITLE		Change Addition
NAME CONCES ASSESSED	BILELLO, JOSEPH J		1.2 NAME	.1	
STREET ADDRESS	251 MAITLAND AVE, #103	2270 1	1.3 STREET ADDRESS		
CHY-ST-ZIP Tilluf	ALTAMONTE SPRINGS FL	DELETE DELETE	1.4 CHTY-ST-ZIP 2.1 THTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	s	
011Y - \$1 - 7JP			2. 4 CITY - ST - ZIP		,
TOT; F		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ACORESS			3.3 STREET ADDRESS	3	'
Cr1 y = S + Zifr	and the second s		3 4. CITY-ST-ZIP		
Triff		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		Į.
STREET ADORESS			4.3 STREET ADDRESS	5	
CHY-ST-ZIP	A	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		F-1 Actric	5.2 NAME		CHANGE CHANGE
STREET ADDRESS			5.3 STREET ADDRESS	3	
CHY-SI-ZiP			5.4 CITY-ST-ZIP		,
Tillf		☐ DELETE	6.1 TITLE		Change Addition

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7P

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 a langed, or on an attachment with an address.

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FILED

Apr 30 1997 8:00am

Secretary of State

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