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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u></u>					
		0032322 (7	')		
ADVEN	NT STABLE, INC.				
Principal Plac	ce of Business	Mailing Address			1110 11000 Niilo (18810 1808 1008
444 BRICKELL AVENUE C/O VALERIE K. H. BAF					
STE. 609 MIAMI FL 33131		444 BRICKELL AVENUE, STE. 609 MIAMI FL 33131 US		DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualified	
				04/28/1994	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.		59-3238867	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the corporation owes or has paid the corporation. Personal Property Tax due June 30. 	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
B/	ARK e r, valerie K p.a.		81 Name		
444 BRICKELL AVENUE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
4	JITE 6 09		83		
MI	AMI FL 33131				
			84 City	FI	S5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the above-named co	proporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statutes.	ration's board of directors. Thereby accept the ap	politititerit as ragisterad
SIGNATURE	Signature, typed or printed name of registered a	ant and the Honolookle	NOTE: Registered Agent signature rec	guired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURANO, EDWARD C		1.2 NAME		
STREET ADDRESS	99 HIGHLAND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHELSEA MA 02150	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME			2.1 TITLE 2.2 NAME		C cusing C vocation
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C/TY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET E	5.4 City-St-Zip 6.1 title		Change Addition
	Ī	L PECCIE	v.i iii.c		onengo ridomon
I NAME			6.2 NAME		
NAME Street address			6.2 NAME 6.3 STREET ADDRESS		

14. Thereby 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.

6.4 CITY-ST-ZIP

1 17 00

614-889-196

FILED

Mar 09 1998 8:00am

Secretary of State