

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

0653153

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90094 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000007523

1. Corporation Name
ADVENT INTERNATIONAL, INC.



Principal Place of Business 10005 SW 63 PLACE MIAMI FL 33156	Mailing Address 10005 SW 63 PLACE MIAMI FL 33156
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3341 N. Reed Rd. Suite, Apt. #, etc. 22 City & State 23 Chino Valley, AZ Zip Country 24 86323 25 USA		2a. Mailing Address 26 P.O. Box 2269 Suite, Apt. #, etc. 27 City & State 28 Chino Valley, AZ Zip Country 29 86323 30		3. Date Incorporated or Qualified 01/30/1995	4. FEI Number 65-0555911 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	--	--	---	---	--	---

9. Name and Address of Current Registered Agent STIPP, JERRY J 10005 SW 63 PLACE MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name Thomas H. Beasley 82 Street Address (P.O. Box Number is Not Acceptable) 8104 SW 206 Terr. 83 84 City Miami FL 85 Zip Code 33189	
---	--	---	--

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 Thomas H. Beasley DATE 1/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	
NAME	GAWAIN, PETER	1.2 NAME	
STREET ADDRESS	8829 NATIONAL BLVD SUITE 1007	1.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90232	1.4 CITY-ST-ZIP	
TITLE	VPCE	2.1 TITLE	VPCE
NAME	STINN, JERRY J	2.2 NAME	STIPP, Jerry J.
STREET ADDRESS	10005 SW 63 PL	2.3 STREET ADDRESS	P.O. Box 2492
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Cashiers, NC 28717
TITLE	VP	3.1 TITLE	VP
NAME	BEASLEY, THOMAS H	3.2 NAME	BEASLEY, Thomas H.
STREET ADDRESS	690 NW 157 AVE	3.3 STREET ADDRESS	8104 SW 206 Terr.
CITY-ST-ZIP	PEMBROKE PINES FL 33028	3.4 CITY-ST-ZIP	Miami, FL 33189
TITLE	VP	4.1 TITLE	
NAME	ARNOLD, STEPHEN L	4.2 NAME	
STREET ADDRESS	3341 N REED RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHINO VALLEY AZ 86323	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP
NAME	BEASLEY, DAVID J	5.2 NAME	BEASLEY, David J.
STREET ADDRESS	726 SUNCREST LOOOP APT 104	5.3 STREET ADDRESS	613 Timberwille Ct.
CITY-ST-ZIP	CASSELBERRY FL 32707	5.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

520 676 4031
Daytime Phone #

CR2E034 (1/1/98)