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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000040045

ADVANCED SYSTEMS & SERVICES INC.

Principal Place of Business

Mailing Address

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90084 001 \*\*\*150.00



078 S. Dixie Highway Pompano Beach Fl. 33060	900 S.E. 4TH AVE. POMPANO BEACH FL 33060		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 05/09/1996				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
621 SW 9th Street	26	·	65-0664257	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required ~			
City & State Pompano Beach, Fla.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 33060 Country Broward	Zip Co. 29 30	intry	This corporation owes the current year     Personal Property Tax.	Intangible  Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
SENNELLO, JAMES III	<del></del>	81 Name					
900 S.E. 4TH AVENUE		82 Street Address	ss (P.O. Box Number is Not Acceptable)				
POMPANO BEACH FL 33060		83					
		84 City =		85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of second Law familiar with and accept the obligations.	f Florida. Such change was authorize	d by the corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing its registered pointment as registered			

ago	, , ,							
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable (NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE		— í	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition	
NAME	SENNELLO, JAMES III		1.2 NAME					
STREET ADDRESS	900 S.E. 4TH AVENUE		1.3 STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CiTY-ST-ZIP					
TITLE	STD	[] DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	MEI, ROBERT		2.2 NAME		•			
STREET ADDRESS	391 S.E. 1ST AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33060	<u>ئا در بار بار</u>	2:4 CITY-ST-ZIP			, , et .	<u> </u>	
TITLE	* <b>-</b> ,	☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME				1	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		3.4. CITY+ST-ZIP					
TITLE		☐ DELETE	4,1 TITLE	-		Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-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			5.4 CITY-ST-ZIP					
TITLE	±	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP			***		

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 change of the corporation with an address, with all other like empowered.

SIGNATURE: