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 # 240525

1. Corporation Name

ADVANCED B & D INC

ADVANCED IT OLD, INC.		
Entrance of the land		
Principal Place of Business	Mailing Address	
BOX 540747 ORLANDO FL 32854	BOX 540747 ORLANDO FL 32854	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90154 032 ***150.00



Principal Place of Business Mailing Address						
BOX 540747 BOX 540747 ORLANDO FL 32854 ORLANDO FL 32854			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 09/23/1960			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 Thiopart lass of Basilless	26		59-0905919	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Co	ountry	This corporation owes the current year Personal Property Tax.	Intangible Yes No		
9. Name and Address of Current Registered Agent		Ī	10. Name and Address of New Registered Agent			
POLICIED ALAN D	,	81 Name				
DRUCKER, ALAN R. 3714 WILDER LANE ORLANDO FL 32804		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
		83				
· 被选择,他们是有一些		84 City		85 Zip Code		
 Pursuant to the provisions of Sections 607.050. office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. 	of Florida. Such change was authorize	ed by the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	e of changing its registered pointment as registered		
SIGNATURE Signature, board or printed name of registered agen	st and title if applicable. (NOTE: Registere	ed Agent signature required	when reinstating) DATE			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature rec	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ANGES TO OFFICERS	AND DIRECTOR	
TITLE	PD	DELETE	1,1 TITLE			Change	☐ Addition
NAME	DRUCKER, ALAN R.		1.2 NAME				
STREET ADDRESS	3714 WILDER LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				
TTILE	VD	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	FORSTER, RUDOLF		2.2 NAME				
STREET ADDRESS	3423 BAY LAKE RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP			 	
TITLE	S	DELETE	3.1 TITLE			Change	☐ Addition
NAME	DRUCKER, JAYNE		3.2 NAME				
STREET ADDRESS	3714 WILDER LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME }			4.2 NAME				l
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				
C/TY-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			25 4 10-1	

14. I hereby certify that the information supplied with this thing 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: