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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1998 8:00am

Secretary of State

W. Bond 1/20100 (954)972,4538

CR2E034

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** (0)618605 ADVANCED SURFACES, INC. Principal Place of Business Mailing Address 2000 BANKS RD., STE. A-1 2000 BANKS RD., STE, A-1 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-1900536 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes \(\sigma\) No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RICHARD A. SLATER 6924 NW 7TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 63 Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Same
(NOTE-Registered Agent signature required when reinstating) SIGNATURE Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE PTD 1.1 TITLE Addition NAME BOND, JOHN W 1.2 NAME STREET ADDRESS 2825 NE 28TH CT., #A 1.3 STREET ADDRESS <u>LIGHTHOUSE POINT FL</u> CITY-ST-ZIP 1.4 CITY - \$1 - ZIF DELETE Change Addition TITLE 2.1 TITLE NAME SLATER, RCHARD 2.2 NAME STREET ADDRESS 8924 N.W. 7TH COURT 2.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY - ST - ZIP DELETE THLE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6 4 CI1Y - S1 - ZIP

14. Thereby certify that the information supplied with this filling 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 supplicmental and had 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 of 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 attailment with an address.