

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 # 647900

1. Corporation Name

ADVANCED DESIGN SYSTEMS, INC.

Principal Place of Business

220 COASTLINE ROAD  
SANFORD FL 32771  
US

Mailing Address

220 COASTLINE ROAD  
SANFORD FL 32771  
US

2. Principal Place of Business

21 400 Commerce Way

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

23 LONGWOOD FL

24 Zip Country

24 32750 25 USA

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

STONEROCK, VERNON  
612 APPLEWOOD AVENUE  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

12/11/1979

4. FEI Number

59-1949200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ PRESIDENT TREASURER ☐ DELETE

NAME STONEROCK, VERNON D

STREET ADDRESS 612 APPLEWOOD AVE

CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ SECRETARY ☐ DELETE

NAME STONEROCK, DIDERICA E.

STREET ADDRESS 612 APPLEWOOD AVE

CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Vernon Stonerock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 February 1999 407.265.074

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

03-23-1999 90033 039 \*\*\*150.00



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