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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

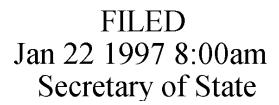
DOCUMENT # F41949

(1)

ADVANCED PROPERTIES CORPORATION

Principal Place of Business
233 S. SEMORAN BLVD.

Mailing Address





233 S. SEMORA ORLANDO FL 3		233 S. SEMORAN BLVD. ORLANDO FL 32807-3232				·T				
						3. Date Incorporated or Qualified 08/25/1981	3a. Da	ite of l		eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo			plied For	
21		26			59-1466424		Not Applicable			
Suite Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired See Require Fee Require					
City & State	8	Cily & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Ζιρ 24	Country 25	Zip 29	Cour	itry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cur	rent Registered Agent		1		10. Name and Address of New Re	gistered /	Agent		
MAR	CHENA, MARCOS R			В1	Name					
233 ORL		L	B2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)				
			}'	83						
			:	84	City	- 700	FL	85	Zip (Code
SIGNATURE	m familiar with, and accept the ob-					oration submits this statement for the p ion's board of directors. I hereby accep ad when reinstating)	DATE	OH 10116	on as	16gistereo
12.	OFFICERS.	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOF	IS IN 12
TITLE	PD	DELETE	1.1 7(1)	Æ		,		□ c	range	Addition
NAME	MARCHENA, MARCOS R		1.2 NAI	ME.)					
STREET ADDRESS	233 S. SEMORAN BOULEV	ARD	13 STF	REET	ADDRESS					
CITY - ST - 7IP	ORLANDO FL 32807		14 C/T		T-ZIP					····
HII1€		DELETE	2 1 TiT					LJ C	hange	☐ Addition
NAME			22 NAI			• •				
STREET ADDRESS			1		ADDRESS	·				
CITY-ST-ZIP TITLE	***************************************	DELETE	2 4 Cf		ST-ZIP			C	hande	Addition
NAME			3.2 NA					·		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CI		l l					
TITLE		DELETE	4.1 TH	******				C	hange	Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZiP			4.4 CIT	Y - S	IT-ZIP					
TITLE		DELETE 5.1		LE				☐ c	hange	Additio
NAME			5.2 NA	ME	-	•				
STREET ADDRESS			5.3 ST	REET	ADDRESS					
City-St-ZiP			5.4 CIT	Y-S	iT-ZIP					
TITLE		DELETE	6.1 TIT	LΕ				□ c	hange	Additio
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					
C(IV+SI-7IP			na co	٧ ٩	ST. 71P					

14. Ho 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.