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

PROFIT
CORPORATION
ANNUAL REPORT
1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F83540

(7)

ADVANCED DEVELOPMENT SYSTEMS, INC.

FILED
Jan 29 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address				ı tabılak ildi ibinə tishi dilili debir dali sishi gebit aləti bidit olak olak cont	
7405-D TEMPLE TAMPA FL 336	E TERRACE HIGHWAY 37	7405-D TEMPLE TERRACE TAMPA FL 33637-5707	HIGHWAY		
				3. Date Incorporated or Qualified 06/02/1982	3a. Date of Last Report 01/31/1996
2. Principa F	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21		26		59-2204555	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curre			10. Name and Address of New Re	gisterad Agent
MES	ISINA, JAMES J		81 Name		
AND CHAIRION OF				ddress (P.O. Box Number is Not Acceptate	ile)
TAMPA FL 33647					
			83		
			B4 City		FL 85 Zip Code
SIGNATURE	Signature typical or printed name of registered ag	ent and 659 if applicable (NO	TE. Registered Agrit armsture	oration's board of directors. I hereby acceptions are released to	1/24/97
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change
TITLE	VD Messina, constance M	☐ DELETE	1.1 TITLE		Circulation Madulion
NAME	6319 CHAUNCY ST.		1.2 NAME		
STREET ADDRESS	TAMPA FL		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	PD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	MESSINA, JAMES J		2.2 NAME		
STREET ADDRESS	6319 CHAUNCY ST.		23 STREET ADDRESS	-	
CITY-ST-ZIP	TAMPA FL		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP.			3.4. CITY - ST - ZIP	····	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET AODRESS		
CHTY - ST - ZIP		l or re	4.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	5.1 TATLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY -ST - 7IP		DEFECT	54 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	61 TITLE		Change Addition
NAMF	\		62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-\$T-ZIP

14. I do 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 endicated 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

NICE PRESIDEN