FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

F94000004297 (7)

ADVANTAGE ENGINEERING, INC.								
Principal Place	of Business	Mailing Address	Mailing Address			1	i 40 11 01 110 00 11 0	TIDIA MALA MULI MARI MARI
18216 EDISON AVENUE CHESTERFIELD MO 63006			18216 EDISON AVENUE CHESTERFIELD MO 63005					
						3. Date incorporated or Qualified 08/18/1994	3a. Date of 1	Last Report 10/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26			43-1579280		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	i haren			5. Certificate of Status Desired	\$	8.75 Additional
City & State		Cdu & Chala	City & State					Fee Required
23		F1	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip	Country		Zip Country			8. This corporation has liability for i	ntorvaible tox ur	Added to Fees
24	25	29	30	· y		Florida Statutes Yes		idei s 199.032,
	9. Name and Address of Curi					10. Name and Address of New R		nt
			8	Nam	ie			
HALE, 0	CHARLES V			32 Stree	ol Addros	ss (P.O. Box Number is Not Acceptab	to\	
SUITE				31161	at Addres	ess (P.O. Box Number is Not Acceptable)		
6220 S. ORANGE BLOSSOM TRAIL			ε	33				
ORLAN	DO FL 32809			34 City				- L
			5	City			FL *	S Zip Code
or registers	o the provisions of Sections 607.05 ad agent, or both, in the State of Fl h, and accept the obligations of, Se	orida. Such change was autho	rized by the co	e-named rporation	corporat 's board	ion submits this statement for the pur of directors. I hereby accept the appo	pose of changir pintment as regi	ng its registered office istered agent. I am
SIGNATURE								
	Signature, typed or printed name of registered a		NOTE: Registered A	gent signatu	re required v		DATE	
12.	PD OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		
TITLE	Spencer, Steven e	DELETE	1. 1 TITU		ļ			hange
NAME STREET ADDRESS	18216 EDISON AVENUE		1.2 NAM		_			
City-St-Zip	CHESTERFIELD MQ 6300	5		1.3 STREET ADDRESS 1.4 City-Styzip				
TITLE	VTD	[7] DELETE	2 1 JITU		5		ПС	hange 🔀 Addition
NAME	SCHWAB, DANIEL L		2 2 NAME		ر ا		L	nunge A Monitori
STREET ADDRESS	18216 EDISON AVENUE			2 3 STREET ADDRESS				
CITY-ST-7-P	CHESTERFIELD MO 6300	5	2 4 CITY		"	,.		
TITLE	S	DELETE					1 0	hange
NAME	KOECHLE, ROBERT A	/	3 2 NAM	1 E			165	- -
STREET ADDRESS	18216 EDISON AVENUE		3.3. STR	EET ADDRES	ss			
CITY-ST-ZIP	CHESTERFIELD MO 6300	5	3 4 CITY	-ST-ZiP	_L			
TITLE		DELETE	4 1 1111	.ŀ			□ c	hange Addition
NAME			4 2 NAM	1E.	i			
STREET ADDRESS			4 3 STR	éet addres	s			
CITY-ST-ZP			4 4 CITY	- ST - ZIP				
TITLE		☐ DEL£TE	5 1 TH	.E.			□ c	hange 🔲 Addition
NAME			5.2 NAM	1É				
STREET ADDRESS				EET ADDRES	S			
CITY-ST-Z-P	ET on my			54 CITY-ST-ZIP				Pint analysis
TITLE		☐ DELETÉ	6 1 TH				∐ (:	hange []] Addition
NAME STREET ADDRESS			6.2 NAM					
STREET ADDRESS				EET ADDRES	S			
14. I do hereb	L v certify that the information supplie	ed with this filling is walkintarily for	imished and de	oes not c	ualify for	the exemption stated in Section 119.	07(3)/k) Florida	Statutes I further
certify that oath; that I	the information indicated on this at an an officer or director of the Block 12 or Block 13 if changes, a	pred report or emplemental a paration or the receiver or trus	nnua! report is itee empowere	true and d to exe	accurate cute this	e and that my signature shalt have the report as required by Chapter 607, Fk	same legal effe orida Statutes, a	ct as if made under and that my name

SIGNATURE:

SIGNATURAND TYPED OR BUTTED NAME OF SIGNING OFFICER OR DIRECTOR