Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90140 048 \*\*\*150.00

## 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 # FOROMORA21

1. Corporatio	n Name	7000 <del>4</del> 2 i					
ADVANO	CED CHEMICAL SENSOR, I	NC.					
					I ADDAMA SINA COMA DIAN BANK ADRI DI	ibil Baill Baila Aliik Bibif	111 <b>10</b> 1 11 <b>0</b> 1 1 <b>10</b> 1
Principal Place of Business Mailing Address					. I LANGINAN SITA INTERNITUR MANIT ANDITA AND	itsi Besti danta atti atera	COMBINATOR INDE
3201 N DIXIE HWY 3201 N DIXIE HWY							
BOCA RATON FL 33431 BOCA RATON FL 33431 US							
					DO NOT, WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
2 Principal P	Place of Business	2a. Mailing Address			12/09/1996 4. FEI Number	l l Ar	plied For
21	——————————————————————————————————————				65-0697983	<del>_</del>	t Applicable
· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.			_	\$8.75	• • • • • • • • • • • • • • • • • • • •
22 27		27			5. Certificate of Status Desired	Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing _	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Countr	У	8. This corporation owes the current		
24	25		30		Personal Property Tax.	<b>⊉</b> Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8		10. Name and Address of New Regi	stered Agent	
COF	RPORATION SERVICE COMPANY	1	ľ	Name			
1201 HAYS STREET			82	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301-2525		83	2			
			٦	1			
			84	4 City		FL 85 Zip (	Code
11 Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statute	s the abov	re-named co	rporation submits this statement for the purp		registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corpora	tion's board of directors. I hereby accept the	appointment as re	gistered
_	m tamiliai with, and accept the obliga	ations of, Section 607.0505, Flon	ua Sialule	S.			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered Age	ent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PCDT	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	LOCKER, LAURANCE D		1.2 NAME				
STREET ADDRESS	3201 N. DIXIE HYW		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-	ST-ZIP	<del>``</del>		
TITLE		☐ DELETE	2.1 TITLE		• .	. Change	☐ Addition
NAME			2.2 NAME	f			
STREET ADDRESS				T ADDRESS	· ·		
CITY-ST-ZIP	☐ DELETE		2. 4 CITY-	ST-ZIP	* a make data	☐ Change	
TITLE NAME			3.1 TITLE			Change	☐ Addition
			3.2 NAME				
STREET ADDRESS			4	T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		Change	Addition
NAME			4. 2 NAME	.	. •	. Cal Gridingo	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE	71 EK		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS	, ,		
CITY-ST-ZIP			5.4 C/TY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			

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:** 

561.338.3116