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 # F98000004128

ADVANCED SOFTWARE, INC.

Principal	Place	of	Business

2. Principal Place of Business

21 2717 Seville Blvd.

2306

Mailing Address

2717 SEVILLE BLVD.#2306 CLEARWATER FL 33764

Suite, 'Apt. #, etc.

2717 SEVILLE BLVD.#2306 CLEARWATER FL 33764

2a. Mailing Address

2717 Seville Blvd

Suite, Apt. #, etc. #2306

Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90188 036 ***150.00



11991199 1119 1219 1311		
DO NOT WRI	TE IN TH <mark>IS SPA</mark>	ACE
 Date Incorporated or Qualifed 07/20/1998 		
4. FEI Number		Applied For
56-1786780		Not Applicable
- Carlotte Danied	_ \$	8.75 Additional

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23	City & State Clearwater, FL	City & State Clearwater, FI		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
24	Zip Country 33764 25	Zip Cou 29 33764 30	ntry	Personal Property Tax. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	MAAS, JOHN		81	Name			
2717 SEVILLE BLVD.#2306			82	Street Address (P.O. Box Number is Not Acceptable)			
	CLEARWATER FL 33764		83				
			84	City 85 Zip Code			

3.

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 a	m familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered egent and title if applicable. (NOTE:	Registered Agent signature required whe	n reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	RS IN 12
TITLE	CP D □ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MAAS, JOHN	1.2 NAME			
STREET ADDRESS	0747 0FM LE DU ID #0000	1.3 STREET ADDRESS	•	4	
CITY-ST-ZIP	CLEARWATER FL 33764	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME (2.2 NAME	•		
STREET ADDRESS	والمهاري والمحتصل والمتحالي والمتحالي والمتحالي والمتحالي المتحالي والمتحالي والمتحالي والمتحال والمتح	2.3 STREET ADDRESS	د اینه پیششن ب رگین <u>سویته بنیا در این ۱۲ م.</u> د	₩7	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
CITY-ST-ZIP	·	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	<u>.</u>		
TITLE	□ DELETE	4.1 TITLE	,	Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS	•	4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME	•		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
	DELETE □ DELETE	6.1 TITLE		Change	☐ Addition
NAME ,	***	6.2 NAME	•		
STREET ADDRESS	•	6.3 STREET ADDRESS			
CITY-ST-7IP		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.