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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation Name | | | | | | | | |
|--|---|----------------------------|--|---------------------|--|------------------|--|-----------------------------------|
| ADVEN | it integi | rated techno | LOGIES, INC. | | | | | |
| | | | | | | | | |
| Principal Plac | e of Busines | is s | Mailing Addre | Mailing Address | | | | Athai alain aibin Athai naar |
| 1810 EMERS | | | | 1346 WOODWARD AVE | | | | |
| JACKSONVILI | LE FL 32207 | | JACKSONVILLE FL 32207 US | | | | DO NOT WRITE IN THIS | SPACE. |
| | | | 03 | 00 | | | 3. Date Incorporated or Qualified | |
| | | | | | | | 07/15/1983 | |
| 2. Principal P | lace of Busin | ness | 2a, Mailing Ad | dress | · | | 4, FEI Number | Applied For |
| 21 | | | 26 | · | | | 59-2 <u>30</u> 0203 | Not Applicable |
| Suite, Apt. | #, etc. | | h | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | 0 | | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | . | 28 | ···· | | | Trust Fund Contribution | Added to Fees |
| Zip | Country Zip | | |]_ | Country | | 8. This corporation owes or has paid the cur | |
| 24 | 25 29 30 g Name and Address of Current Registered Agent | | | | | | Personal Property Tax due June 30. 10. Name and Address of New Registered 4 | Yes No |
| NELSON, ROBERT C. III | | | | | | Name | 10. Haille and Address of New Hegistered t | - Agent |
| 1346 WOODWARD AVE. | | | | | 81 62 | | | |
| JA | | | | Street Ad | Idress (P.O. Box Number is Not Acceptable) | | | |
| | | | | | 83 | | | |
| | | | | | 84 | City | FL | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the | | | | | | e-named co | | changing its registered |
| office or registered agent, or both, in the State of Florida. Such change was authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida State | | | | | | the corpor | ration's board of directors. I hereby accept the app | ointment as registered |
| SIGNATURE | | | | | | | | ,, |
| 10 | Signature, typed | OFFICERS | agent and tille if applicable AND DIRECTORS | (NOTE: | | nt signature req | quired whon reinstating) DATE | DIDECTORS IN 12 |
| 12. | PST | OFFICERO | | RS 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition |
| NAME | NELSO | N, ROBERT C, III | | _ | | [| | |
| STREET ADDRESS | | OODWARD AVE. | | 1.3 \$ | | ADDRESS | | |
| CITY-ST-ZIP | JACKS | ONVILLE FL | | | | T-ZIP | | |
| TITLE | V | | | DELETE | 2.1 TITLE | | | Change Addition |
| NAME | | M KRESS | | 2.3 | | | | |
| STREET ADDRESS | | alleyview dr Onville fl | | | | ADDRESS | | |
| CITY-ST-ZIP | UNUNO | SINVILLE FL | | DELETE | 2. 4 CITY - 5 3.1 THILE | ST-ZIP | | Change Addition |
| TITLE | | | | C) Detell | | | | Change Abdition |
| NAME Street address | | | | | 3.2 NAME 3.3 STREET | VUDBEGG | | |
| CITY-ST-ZIP | l | | | | 3.4. CITY-S | | | |
| TITLE | | | | DELETE | 4.1 TITLE |)1 - ZII | | Change Addition |
| NAME | | | | | 4. 2 NAME | | | |
| STREET ADDRESS | 1 | | | | 4.3 STREET | ADDRESS | | į |
| CITY-ST-ZIP | _ | | | | 4.4 CITY - S | T - ZiP | | |
| TITLE | | | | DELETE | 51 TITLE | | | Change Addition |
| NAME | | | | | 5.2 NAME | | | 1 |
| STREET ADDRESS | | | | | 5.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | | DELETE | 5.4 CITY - S | T-ZIP | | |
| TITLE | 1 | | لــا | DELETE | 6.1 TITLE | } | | Change Addition |
| NAME CIRCU ADDRESS | | | | | 6.2 NAME | 4Donesee | | ļ |
| STREET ADDRESS | | | | | 6.3 STREET | | | |
| CITY-ST-ZIP | I | | 1 | | 64 CITY-S | 1-ZP | - D | |

Thereby 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 frue 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.

904-760-8747

FILED

May 04 1998 8:00am

Secretary of State