

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G62132 (7)
1. Corporation Name
ADVANCE SOLAR SYSTEMS INC.

Principal Place of Business % HAROLD L. GOLDBERG 2431 CRYSTAL DRIVE FT. MYERS FL 33907 US	Mailing Address % HAROLD L. GOLDBERG 2431 CRYSTAL DRIVE FT. MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 08/29/1983		4. FEI Number 59-2344142		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GOLDBERG, HAROLD L. 4280 SE 20TH PLACE SUITE 501 CAPE CORAL FL 33904				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	DELETED	1.1 TITLE	Change Addition		
STREET ADDRESS	FIELDS, JAMES S.	1.2 NAME		1.2 STREET ADDRESS			
CITY-ST-ZIP	418 49TH LN CAPE CORAL FL	1.3 CITY-ST-ZIP		1.4 CITY-ST-ZIP	Change Addition		
TITLE	D	NAME	DELETED	2.1 TITLE	Change Addition		
STREET ADDRESS	FIELDS, WILLIAM T.	2.2 NAME		2.2 STREET ADDRESS			
CITY-ST-ZIP	5503 SW 6TH AVE. CAPE CORAL FL	2.3 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition		
TITLE	TD	NAME	DELETED	3.1 TITLE	Change Addition		
STREET ADDRESS	GOLDBERG, HAROLD	3.2 NAME		3.2 STREET ADDRESS			
CITY-ST-ZIP	4280 S.E. 20TH PLACE, #501 CAPE CORAL FL	3.3 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition		
TITLE	D	NAME	DELETED	4.1 TITLE	Change Addition		
STREET ADDRESS	GOLDBERG, BRIAN	4.2 NAME		4.2 STREET ADDRESS			
CITY-ST-ZIP	3005 SE 18TH PL. CAPE CORAL FL	4.3 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition		
TITLE	D	NAME	DELETED	5.1 TITLE	Change Addition		
STREET ADDRESS	GOLDBERG, DOROTHY	5.2 NAME		5.2 STREET ADDRESS			
CITY-ST-ZIP	4280 S.E. 20TH PLACE #501 CAPE CORAL FL	5.3 CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition		
TITLE		NAME	DELETED	6.1 TITLE	Change Addition		
STREET ADDRESS		6.2 NAME		6.2 STREET ADDRESS			
CITY-ST-ZIP		6.3 CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition		

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.

SIGNATURE: *James S. Fields* James S. Fields 4-15-98 941-939-7446

CR2E034 (10/97)