FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H92729 (3)

1. Corporation Name
ADVANCE TECHNOLOGY SUPPLY INC. OF ORLANDO

Principal Place of Business	Mailing Address
174 SEMORAN COMMERCE PL. UNIT 120 APOPKA FL 32712	174 SEMORAN COMMERCE PL. UNIT 120 APOPKA FL 32712

3. Date Incorporated or Qualified: 12/20/1985
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

4. FEI Number: 59-2606308 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RYAN, WILLIAM
435 BURNT TREE LN.
APOPKA FL 32712

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

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 William D. Ryan 4-29-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYAN, WILLIAM
STREET ADDRESS	435 BURNT TREE LN.
CITY-ST-ZIP	APOPKA FL 32712
TITLE	V
NAME	RYAN, SHEILA
STREET ADDRESS	435 BURNT TREE LN.
CITY-ST-ZIP	APOPKA FL 32712
TITLE	VP
NAME	COUTURE, GARY
STREET ADDRESS	641 OAK HOLLOW WAY
CITY-ST-ZIP	ALTAMONTE SPGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William D. Ryan William D. Ryan 4-29-95 407 880-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0036348 CP