## 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 # J98701

ADVANCED SYSTEMS ADVISORS, INC.

Principal Plac									8183 IIBI BIBII BI	<b>a</b> ii <b>a</b> ibi) bib/i	
Principal Place of Business Mailing Address							- 1				
1201 SUMMER	WINDS LANE			JERWINDS LANE							
P. O. BOX 59 Jupiter FL 33468-7059				P. O. BOX 59 JUPITER FL 33468-7059				DO NOT WRITE IN THIS SPACE			
JUFITER FE 33400-7009			AOLITEI II	SOLLIE TE SOCOTOS				3. Date Incorporated or Qualifed			
	14	-						10/21/1987			
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		A	plied For	
21		26	26				65-0010416		Not Applicable		
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional	
22	<del>`</del>	<u> </u>	27					5. Certificate of Status Desired	_ ,[_]	Fee R	equired
City & Stat	e	City &	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added	to Fees	
Zip	¬ —			Zip Country				8. This corporation owes the cut	rrent year Inta		
24	25		29		0			Personal Property Tax.	Dletered (	Yes	□No
		Address of Curre	int Registered A	gent	81	Name		0. Name and Address of New	Registerea A	Agent	
NOV	IC WILLIAM				Ľ	Hame	•				
1201 SUMMERWINDS LANE				\$ T		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
	TER FL 33468-7				83		<del>.</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a in de age in Caliety	. <u> </u>	1 10
	4				"						
	~	•			84	City		and a summer of the proof of the first		85 Zip	Codé
11 Purcuant	to the provisions of	of Sections 607.05	02 and 607 1508	Florida Statutes	the abov	e-named	d cornorat	tion submits this statement for the	numose of	changing its	registered
office or r	reaistered agent. o	r both. In the State	e ot Fiorida, Sucr	i change was aut	nonzea dy	tne corp	poration's	board of directors. I hereby acce	pt the appoir	itment as re	gistered
	m familiar with, an			1 607.050 FIORIC		3.			1/1	199	
SIGNATURE	Nancy 5.	NOVIC, Jee ed name of registered ag	. Kea5.	• (	V ~ · · · · ·	nt signature	required whe	en reinstating)',	DATE	177	<del></del>
12.			ND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FFICERS AN	D DIRECTO	RS IN 12
TITLE	PVD			☐ DELETE	1.1 TITLE			Special results		☐ Change	☐ Addition
NAME	NOVIC, WILLIA	44									
STREET ADDRESS		W			1.2 NAME			r e t <sub>r</sub>			
	1201 SUMMER					T ADDRESS	3	ř			
CITY-ST-ZIP	1201 SUMMER JUPITER FL		•				3	* * * * * * * * * * * * * * * * * * * *			
CITY-ST-ZIP				DELETE	1.3 STREE		3			☐ Change	☐ Addition
	JUPITER FL	RWINDS LN.		DELETE	1.3 STREE 1.4 CITY-S		3			☐ Change	Addition
TITLE	JUPITER FL STD NOVIC, NANC 1201 SUMMER	RWINDS LN.		□ DELETE	1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME					☐ Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90043 003 \*\*\*150.00