FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

| ANNU | JAL REPORT | | | Sandra B. Mo Secretary of DIVISION OF CORF | | | f State | | | | | | | |
|--|--|-----------------------|--|--|---------|-----------------------|-----------------|-----------|---------|---|----------|--------------------|------------------------|------------------------------|
| DOCUI 1. Corporation | MENT # | L08737 | 7 | (3) | | | | | | | | | | |
| ADVA | NCED SURVE | 'ING TECHNOI | LOGY, | INC. | | | | | | | | | | |
| Principal Place of Business | | | | Address | | | | | | F 1880F1010 BOT 88481 1011 | | | | |
| 815 EYRIE DR. STE. 4 OVIEDO FL 32765 | | | 814 EYRIE DR. STE. 4 OVIEDO FL 32765 | | | | | | | | | -1-2 | | |
| . US | | | US | | | | | | | 3. Date Incorporated or Qu 06/10/1989 | ialitied | | e of Last R 05/01/1 | |
| <u> </u> | ace of Business | | | ling Address | | | | | | 4. FEI Number 59-2964205 | | | | Applied For |
| Suite, Apt. | #, etc. | | 26 Suit | e, Apt. #, etc. | | - | | | | | | | | Not Applicable 5 Additional |
| 22 | | | 27 | | | | | | | 5. Certificate of Status Des | | | Fee | Required |
| City & State |) | | 28] | & State | | | | | | Election Campaign Finar Trust Fund Contribution | - | | | 00 May Be ed to Fees |
| Zip | | untry | Zıp | | T | Coun | itry | | | 8. This corporation has liab | | | ax under s | 199.032, |
| 24 | 9. Name and Ad | dress of Current F | 29 legistere | d Agent | 3 | 0 | - | | | Florida Statutes 10. Name and Address of | | ☐ No legistered | Agent | |
| | | | | | | 1 | B1 | Name | | | | | | • |
| BRADHAM, CESAR H 1007 WILLOW LAKE CIRCLE | | | | | | ļ. | B2 | Street / | Addres | s (P.O. Box Number is Not A | cceptab | ile) | | |
| | 0 FL 32765 | IOLC | | | | 1 | вз | | | | | | | |
| | | | | | | - | B4 | City | | | | | 85 2 | ıp Code |
| 11. Pursuant t | o the provisions of S | ections 607 0502 ar | id 607 150 | 18. Florida Statu | es t | he abov | 9-0 | amed co | rnorati | on submits this statement for | the nur | FL rose of ch | - | |
| or register | ed agent poth, in th, and popt the ol | the State of Florida. | Such cha | nge was authoria , Florida Statute | ed t | by the co | хох | oration's | board | of directors. I hereby accept t | he appo | ointment as | registered | d agent. I am |
| SIGNATURE | · euai | The / SLANG | un | | • | , | | | | | | 4-2 | 25-96 | |
| 12. | Signature, typed or printed f | OFFICERS AND D | | | OTE: FI | lagistered A | yuni | | | hen reinstating! ADDITIONS/CHANGES | TO OFF | DATE ICEBS AND |) DIBECTO | DRS IN 12 |
| TITLE | D | 0.7.02.107.102 | THEO TOTAL | DELETE | | 1 1 111 | LE | | 11/6 | e President | | 1 | Change | |
| NAME | BRADHAM, C | | | | | 1.2 NAN | ΛE | | Ğle. | e President nda Bradham 7 Willow LAR | 2. 0. | inel+ | | |
| STREET ADDRESS | 1007 WILLOV | | | | | 1.3 STR | EET | address | 100 | 7 WILLOW FAX | | J, -, C | | |
| CITY - ST - ZIP | OVIEDO FL 32765 | | | □ DELETE | | | 1.4 CITY-ST-ZIP | | | irdo/FL 3276 | , | | F-1 05 | C Address |
| TITLE NAME | | | | [] DECEIE | | 2.1 IIII | | | | | | l | ∐ Chang∈ | ☐ Addition |
| STREET ADORESS | | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | 2.4 CITY | | | | | | | | |
| TITLE | | | | DELETE | | 3 1 717 | LE | | | | | 1 | ☐ Change | ☐ Addition |
| NAME | | | | | | 3.2 NAN | ΛE | | | | | | | |
| STHEET ADDRESS | | | | | | | | ADDRESS | | | | | | |
| CHY-SI-ZIP TITLE | | | | DELETE | | 3.4 CITY 4. 1 TIT | | - ZIP | | | | | Change | Addition |
| NAME | | | | | | 4.2 NAN | | | | | | | - Tricaligo | |
| STREET ADDRESS | | | | | | • | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | 4.4 CITY | (-ST | r-ZIP | | | | | | |
| TITLE | | | | □ DELETE | | 5. 1 TIT | | | _ | | | Ī | Change | ☐ Addition |
| NAME | | | | | | 52 NAM | | | | | | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | | 5.4 CITY 6. 1 TITE | | - ZIP | | | | | Change | Addition |
| THE STATE OF THE S | | | | | | 0. 1 111 | LL I | | | | | ı | orange | 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)(k), 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 cath; 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 trainanged, or on an attrachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Da

63 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS