Mailing Address

5901 SUN BLVD.

#202

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L57733

1. Corporation Name

Principal Place of Business

5901 SUN BLVD.

#202

ADVANCED TECHNOLOGY GROUP, INC.

ST PETERSBURG FL 33715 US		ST PETERSBURG FL 33715 US			L	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						03/16/1990				
- 5: : 15:		O- Mailing Address				4. FEI Number		1 I A.	plied For	
2. Principal Pi	ace of Business	2a. Mailing Address						_ 		
21		26				59-3002603		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Ec. O. atifacts of Status Desired	Ω	\$8.75	Additional	
22	•	27			1	5. Certificate of Status Desired	77 -	- Fee R	equired*	
	City & State				. Election Operation Financing		¢E AA			
City & State	;	⊢ '	¬ ´			6. Election Campaign Financing		• • •	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	. Country Zip Coul		Counti	y		8. This corporation owes the current year Intangible		angible		
24	25	29 30	n			Personal Property Tax.		☐ Yes	□No	
<u> </u>			•		10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent										
·				81 Name						
WATSON, WILLIAM R.				92 Street Address (D.O. Box Number is Not Acceptable)						
903 PINELLAS BAYWAY				82 Street Address (P.O. Box Number is Not Acceptable) 5901 SCW おこい 計202						
#301				83						
				3						
TIERRA VERDE FL 33715								Tapl 7:-		
. *				4 City		RETERSBURG	FL	85 24	Code	
	<u> </u>			1		· · · · · · · · · · · · · · · · · · ·				
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.										
agerit, i anti ianninai witir, and accept the conganone or, section our costs, i ronda statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent			ent signature r	equired w		DATE			
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	PTD	☐ DELETE	1.1 TITLE					⊠ Change	☐ Addition [
NAME	WATSON, WILLIAM R.		1.2 NAME						\ \	
NAME					100	92-D BEACH DR S	<u></u>			
STREET ADDRESS	000 111000 10 0011 111111		1.3 STRE	ET ADDRESS	7-		3000		i	
CITY-ST-ZIP	TIERRA VERDE FL 14 CF		1.4 CITY-	ST-ZIP	51	PETERSBURG, FL	35 103	•		
TITLE	SD	☐ DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·				Change	☐ Addition	
									{	
NAME	WATSON, BARBARA N.		2.2 NAME	:	/~	OR - D REACH DR S	يسي ۾			
STREET ADDRESS	ss 903 PINELLAS BAYWAY, #301		2.3 STRE	2.3 STREET ADDRESS 5		092-7 BEALH DR SE T RETERSBURG FL 33705				
CITY-ST-ZIP			2.4 CITY	TY-ST-ZIP 57 6		PETERSBURG FL	- 3376	25	1	
			3.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE	·							<u></u>		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STRE	ET ADDRESS						
CITY-ST-ZIP		□ pc; ctc	3.4. CITY					Change	Addition	
TITLE		☐ DEFELE	4.1 TITLE					- Cuaride		
NAME			4. 2 NAM	E						
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f			•							
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	ļ					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME			5.2 NAME							
			5.3 STP#	ET ADDRESS					ĺ	
STREET ADDRESS										
CITY-ST-ZIP			5.4 CITY-			·				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME 1	•		6.2 NAME	<u>:</u>		ı			}	
• • •	HE.								İ	
STREET ADDRESS	· •		6.3 STRE	ETADDRESS						
CITY-ST-ZIP	\\ \n \		6.4 CITY-							
44 I harabu a	ertify that the information supplied with	this filing does not qualify for th	ne exemp	tion stated	in Sec	ction 119.07(3)(i), Florida Statutes. I	further cer	tify that the	information	
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 supplier extal 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 o	director of the corporation or the receive	ver or trustee empowered to exe	cute this	report as I	equired	d by Chapter 607, Florida Statutes;	and that m	y name app	ears in	
Interest certify that the miorital piled with this limit does not qualify the terminon and the certification of the certification of this annual report or subplied with this limit does not qualify the miorital piled with 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 an attachment with an address, with all other like empowered.										

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90028 035 ***150.00