

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L75495** (6)

1. Corporation Name

ADVANCED CONTROL CORPORATION, INC.



Principal Place of Business

**1500 N.W. 62ND STREET, #407
FT. LAUDERDALE FL 33309**

Mailing Address

**1500 N.W. 62ND STREET, #407
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
05/24/1990

3a. Date of Last Report
03/09/1995

2. Principal Place of Business
21 **6001 NE 14th Ave.**

2a. Mailing Address
26 **6001 NE 14th Ave.**

4. FEI Number
65-0198848

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State
23 **Ft. Lauderdale, FL**

27 City & State
28 **Ft. Lauderdale, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33334** 25 Country **Broward**

29 Zip **33334** 30 Country **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name **Matthew W. Jones**
82 Street Address (P.O. Box Number is Not Acceptable)
6001 NE 14th Ave.
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33334**

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

Matthew W. Jones
Signature, typed or printed name of registered agent and title if applicable

Matthew W. Jones, President

4/10/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP JONES, MATTHEW W.**
STREET ADDRESS **3995 SW 15TH ST, APT B311**
CITY-ST-ZIP **POMPAHO BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P/T/D**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33069**

TITLE ☐ DELETE
NAME **DV JONES, DAVID C.**
STREET ADDRESS **2660 NE 27TH AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **V/S/D**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **33064**

TITLE ☐ DELETE
NAME **DC JONES, CHARLES E. JR.**
STREET ADDRESS **6 ECHO LANE**
CITY-ST-ZIP **CHATHAM MA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **02633**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

Matthew W. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew W. Jones

4/10/96

(954) 491-6660

Date

Daytime Phone #

CR2E034 (12/95)