1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L86615

1. Corporation Name

ADVANO	CED CONSULTING TECHNO	OLOGIES, INC.					
Principal Plac	ce of Business	Mailing Address		<u> </u>		1) BIQH QIZIS QIQIL QIZIL Q	iiilii Albii immi
5702 MADISON ST 5702 MADISON ST							
HOLLYWOOD F	FL 33023	HOLLYWOOD FL 33023			DO NOT WRITE II	N THIS SPACE	
-					3. Date Incorporated or Qualifed		
<u> </u>					07/12/1990		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	•		65-0206948		t Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75 A	
City & Stat	te '	City & State			6. Election Campaign Financing	\$5.00	May Be
23	·	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current y		7
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Regis	sterea Agent	
GAG	GLIANO, NINO J. SR.						
5702 MADISON STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MAC	DISON FL 33023		83				
			84	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above	e-named corpo	oration submits this statement for the purpon's board of directors. I hereby accept the		registered
					a's board of directors. I boroby account the	annointment se rev	
office or t	registered agent, or both, in the State	of Florida, Such change was a ations of Section 607 0505. Flor	numonzeu by prida Statutes	tne corporatio	on a board or directors, Thereby accept the	з арронинени аз те	gistered
agent. I a	am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	rida Statutes	tne corporatio	ars board of directors, Thereby accept the	з арронипент аз те	gistered
office or to agent. I a SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	nda Statutes	the corporatio	d when reinstating) C	DATE	
agent. I a	am familiar with, and accept the obligation of registered age OFFICERS AN	ent and title if applicable. (NOTE:	: Registered Agen	i.		OATE ERS AND DIRECTO	RS IN 12
agent. I a	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE:	: Registered Agen 13. 1.1 TITLE	i.	d when reinstating) C	DATE	
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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 charged, or on an enachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP -

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90098 003 ***150.00