

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M35918 (5)
1. Corporation Name
ADVANCED SPECIALTIES, INC.



Principal Place of Business
5875 BABCOCK ST., NE
STE. 11-112
PALM BAY FL 32905
US

Mailing Address
5875 BABCOCK ST., NE
STE. 11-112
PALM BAY FL 32905-0631
US

2. Principal Place of Business
21 1280 Sarno Rd
Suite, Apt. #, etc.
22 101
City & State
23 Melbourne, FL
Zip Country
24 32935 25 US

2a. Mailing Address
26 PO Box 60122
Suite, Apt. #, etc.
27
City & State
28 Palm Bay, FL
Zip Country
29 32906-0122 30 US

3. Date Incorporated or Qualified 07/29/1986
3a. Date of Last Report 08/09/1996
4. FEI Number 59-2752535
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ELLIS, J. DAVID
5875 BABCOCK STREET, N.E.
STE. 11-112
PALM BAY FL 32905

10. Name and Address of New Registered Agent
81 Name J. David Ellis
82 Street Address (P.O. Box Number is Not Acceptable)
1280 Sarno Rd, Suite 101,
83
84 City Melbourne FL 85 Zip Code 32935

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 J. David Ellis J. David Ellis 3/25/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ELLIS, J.D.
STREET ADDRESS 5875 BABCOCK ST., NE, STE. 11-112
CITY-ST-ZIP PALM BAY FL
TITLE ST
NAME ELLIS, J.D.
STREET ADDRESS 5875 BABCOCK ST., NE, #11-112
CITY-ST-ZIP PALM BAY FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD
1.2 NAME Ellis, J.D.
1.3 STREET ADDRESS 1280 Sarno Rd, Suite 101
1.4 CITY-ST-ZIP Melbourne FL 32935
2.1 TITLE ST
2.2 NAME Ellis, J.D.
2.3 STREET ADDRESS 1280 Sarno Rd., Suite 101
2.4 CITY-ST-ZIP Melbourne FL 32935
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)