

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000002741**

1. Corporation Name

AVANCE, INC.

Principal Place of Business

3475 S SUNCOAST BLVD
HOMOSASSA FL 34448

Mailing Address

3475 S SUNCOAST BLVD
HOMOSASSA FL 34448

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 022 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		593514992	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

JOHNSON, SHERRI L
330 S ORANGE AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		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	D	<input type="checkbox"/> DELETE			
NAME	ARGOTTE, ALEX				
STREET ADDRESS	C/O 3475 S SUNCOAST BLVD.				
CITY-ST-ZIP	HOMOSASSA FL 34448				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ARGOTTE, FREDDY				
STREET ADDRESS	C/O 3475 S SUNCOAST BLVD.				
CITY-ST-ZIP	HOMOSASSA FL 34448				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RICARD, MARIA				
STREET ADDRESS	C/O 3475 S SUNCOAST BLVD				
CITY-ST-ZIP	HOMOSASSA FL 34448				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ARGOTTE, MARTHA				
STREET ADDRESS	C/O 3475 S SUNCOAST BLVD.				
CITY-ST-ZIP	HOMOSASSA FL 34448				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BAKER, SYLVIA				
STREET ADDRESS	C/O 3475 S SUNCOAST BLVD.				
CITY-ST-ZIP	HOMOSASSA FL 34448				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DURAN, CATHY				
STREET ADDRESS	C/O 3475 S SUNCOAST BLVD.				
CITY-ST-ZIP	HOMOSASSA FL 34448				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	MARIA SCHMIDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	SECRETARY				
1.3 STREET ADDRESS	3475 S SUNCOAST BLVD				
1.4 CITY-ST-ZIP	HOMOSASSA, FL 34448				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
PRESIDENT

9/11/99

3526287672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)