

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37011 (4)**

1. Corporation Name

**ADVANTAGE COMPUTER AND LEASING SERVICES, INCORPORATED**



Principal Place of Business

Mailing Address

35246 U.S. 19 NORTH, SUITE 303  
PALM HARBOR FL 34684

35246 U.S. 19 NORTH, SUITE 303  
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

06-1230042

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$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

10. Name and Address of New Registered Agent

**SUGLIA, LOUIS M.  
1050 POINT SEA SIDE DRIVE  
CRYSTAL BEACH FL 34681**

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 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

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PCD                     | <input type="checkbox"/> DELETE |
| NAME           | SUGLIA, LOUIS M.        |                                 |
| STREET ADDRESS | 1050 POINT SEA SIDE DR. |                                 |
| CITY-ST-ZIP    | CRYSTAL BEACH FL        |                                 |
| TITLE          | SD                      | <input type="checkbox"/> DELETE |
| NAME           | PRESS, CATHLEEN C.      |                                 |
| STREET ADDRESS | 1050 POINT SEA SIDE DR. |                                 |
| CITY-ST-ZIP    | CRYSTAL BEACH FL        |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-ST-ZIP     |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-ST-ZIP     |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-ST-ZIP    |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. 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 registered or trusted 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**4/9/96 (813) 789-4896**

CR2E034 (12/95)