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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ADVANTAGE COMPUTER AND LEASING SERVICES, INCORPO

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business 35246 U.S. 19 NORTH, SUITE 303 35246 U.S. 19 NORTH, SUITE 303 PALM HARBOR FL 34684 PALM HARBOR FL 34884 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 06-1230042 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SUGLIA, LOUIS M. Name 1050 POINT SEA SIDE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) CRYSTAL BEACH FL 34681 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ] (NOTE: Registered Agent signature required when reinstating) 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME 1.2 NAME 1050 POINT SEA SIDE DR. STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME SNGLIA, CATHLEEN C 2.2 NAME 1050 POINT SEA SIDE DR. STREET ADDRESS 23 STREET ADORESS CRYSTAL BEACH FL CITY-ST-ZW 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE TITLE 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS 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 of trusted empowerigat to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chartest on an attactment with an adjects.

SIGNATURE: