FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P37011

1. Corporation Name

ADVANTAGE COMPUTER AND LEASING SERVICES, INCORPO **RATED**

Principal Place of Business											
35246 U.S. 19 NORTH, SUITE 303	ţ										

Mailing Address

SCARC U.C. AS MODELL CUITE 300

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90106 037 ***150.00



PALM HARBOR FL 34684			PALM HARBOR FL 34684							DO NOT WRI	TE IN TH	IS SPACE		
								3.	Date I	corporated or Qualifed				٦
										9/1992				-
2. Principa Place of Business				2a. Mailing Address				4.	4. FEI Number				Apr lied For	7
21				26					06-1230042				Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.									A iditional	╗	
22			27			5.	Certifo	ate of Status Desired		Fee	Required			
City & State			<u> </u>	City & State			6.	Election	on Campaign Financing		\$5.0	0 May Be	7	
23			28							Fund Contribution			d to Fees	╝
Zip	Cour tr			Zip	Col	untry		8.	This co	orporation owes the curr	ent year	ntangible		
24	25	j	29 30						Persor al Property Tax. ☐ Yes ☐					╛
9. Name and Address of Current F				stered Agent	Agent			10.	Name	and Address of New F	legistere	d Agent		_
						81	Name							-
SUG	LIA, LOUIS M.			-			Street /	Ac dress (P	O Box	Number is Not Accepta	able)			-
1050 POINT SEA SIDE DRIVE							Date	1. 0.000 (1	.0.00		7			
CRY	Stal Beach Fl 346	81				83								-
						0.4	Oir.					. 85 Zi	p Code	\dashv
						84	City				F	L ° 3 2	p C 3de	
11. Pursuant	to the provisions of Sec	tions 607.0502 a	nd 6	07.1508, Florida Statu	tes, the a	ibove	e-named	cc rporation	submi	s this statement for the	purpose	of changing	its registered	7
office c∙r r	egistered agent, or both m familiar with, and acc	ı. in the State cf F	Florie	da.Such change was ∂	autnorize	a by	the corpo	ration's bo	ard of	directors. I hereby accep	ot the app	ointment as	reg stered	1
J	iii laililliai witii, and acc	ept the obligation	13 01	, 0000011 057.0000, 177	,,,qu 0.u.		•							i
SIGNATURE	Signature, typed or printed na n	e of registered agent an	d title	if applicable (NOT	: Registere	d Ager	nt signature re	eq ired when re	einstating))	DATE			_ ໌ ຂ
12.		FFICERS AND I	DIRE	CTORS	13.				ADDITI	ONS/CHANGES TO OF	FICERS			11/08/17
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NAME	SUGLIA, LOUIS M.				1.2 N	IAME								2
STREET ADORESS	1050 POINT SEA S	IDE DR.			1.3 S	TREE	T ADDRESS							6
CITY-ST-ZIP	CRYSTAL BEACH I				1.4 0	ITY-S	T-ZIP							_ გ
TITLE	SD			☐ DELETE	2.1 T	ITLE						☐ Chang	e 🗌 Additio	n C
NAME	SNGLIA, CATHLEEI	N C			2.2 N	AME								
STREET ADORESS	1050 POINT SEA S				235	TREE	ADDRESS							
CITY-ST-ZIP	CRYSTAL BEACH F	ĘL			2.40	CITY-S	ST-ZIP							
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CITY-ST-ZIP				_	7 6.40	ITY-S	T-ZIP							
VII 1-01-4F						-	,							

14. I hereby certify that the information supplied with this fling 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 of suppremental 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 of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of

SIGNATURE: >