**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # P9300008246 1. Corporation Name ADVANCED HOUSING CORP.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90131 030 \*\*\*150.00



2730 SW 3RD	e of Business	Mailing Address						
	AVE., STE, 202	P.O. BOX 490279						
MIAMI FL 3312	9	KEY BISCAYNE FL 33149 US			DO NOT WRITE IN THIS SPACE			
		03			3. Date incorporated or Qualifed			
					01/29/1993			
	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 1000	DMARINER DR. #, etc. BISCAYNE, FL	26			65-0396841		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	_ \$		Additional
22 KEY	BISCAYNE, FL	27,				<del></del>	Fee Re	
City & Stat		City & State			6. Election Campaign Financing		\$5.00	
23 33/	Country	Zip	Count	n,	Trust Fund Contribution		Added t	0 Fees
Zip	25 U < A	— · -	30	',	8. This corporation owes the curre Personal Property Tax.			<b>⊠</b> No
24	9. Name and Address of Curren	<del>                                  </del>	301		10. Name and Address of New Re			
	- Italia dila riadia		8	1 Name				
GOLDMEIMER, BARRY S			_	2 04	duran (D.O. Bay Number in Not Assentab	١٥١	•	
ř.	D MARINER DR.		8	Street Adi	dress (P.O. Box Number is Not Acceptab	,io)		
KEY	BISCAYNE FL 33149		8	3 .				
			8	4 City		<b></b> , 8	5 Zip (	Code
				'		<u> </u>		
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the abo thorized b	ve-named cor y the corpora	poration submits this statement for the p tion's board of directors. I hereby accept	urpose of cha the appointme	nging its ent as re	registered gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statute	es.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable (NOTE: 5	Registered Ar	sent signature requi	red when reinstating)	DATE	•	
12.	OFFICERS AN		13.	,	ADDITIONS/CHANGES TO OFF	ICERS AND D	PIRECTO	RS IN 12
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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 607, 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305-361-8828