

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # P93000014009 (3)

1. Corporation Name

ADVANCED INTERNATIONAL BUSINESS MACHINES INC.

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

6590 W. ROGERS CR
SUITE 6
BOCA RATON FL 33487

Mailing Address

6590 W. ROGERS CR.
SUITE 6
BOCA RATON FL 33487

3. Date Incorporated or Quasiest

02/17/1993

3a. Date of Last Report

05/01/1994

4. FFI Number

65-0383859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 1000 Holland Dr.

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Boca Raton, FL

Zip

24 33487

Country

25 USA

2a. Mailing Address

26 1000 Holland Dr.

Suite, Apt. #, etc.

27 Suite 2

City & State

28 Boca Raton, FL

Zip

29 33487

Country

30 USA

9. Name and Address of Current Registered Agent

SIEGEL, PAUL
6590 W. ROGERS CR.
SUITE 6
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Siegel, Paul

82 Street Address (P.O. Box Number is Not Acceptable)

1000 Holland Dr.

83

Suite 2

84 City

Boca Raton

FL

85 Zip Code

33487

11. Pursuant to the provisions of Sections 607.04(2) and 607.05(1) 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 the change to comply with Florida Statutes.

SIGNATURE

Paul Siegel

(Type, print, and sign name of registered agent, if applicable)

2/01/95

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
P SIEGEL, PAUL	9873 LAWRENCE RD	BOYNTON BCH	FL	
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐
NAME	STREET ADDRESS	CITY	STATE	ZIP	☐	☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included on the 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 broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on any attachment with an address.

SIGNATURE:

Paul Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/95

(407)241-4900