

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020411 (3)

1. Corporation Name

ADVA CORPORATION

Principal Place of Business

1000 CYPRESS CREEK BLVD.
LAKE ALFRED FL 33850

Mailing Address

1000 CYPRESS CREEK BLVD.
LAKE ALFRED FL 33850



3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
65-0401752

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

9. Name and Address of Current Registered Agent

TURNER, JAMES L.
1550 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

200 SOUTH ORANGE AVE.

83

84 City

SARASOTA

FL

85 Zip Code

34230

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DE LUCA, ALFONSO
STREET ADDRESS
842 DURHAM RD.
CITY-STATE-ZIP
NEWTON PA 18940

TITLE ☐ DELETE

NAME
ALFIERI, VINCENT
STREET ADDRESS
110 E. DELAWARE
CITY-STATE-ZIP
CHICAGO IL 60610

TITLE ☐ DELETE

NAME
ALFIERI, LEAH
STREET ADDRESS
110 E. DELAWARE
CITY-STATE-ZIP
CHICAGO IL 60610

TITLE ☐ DELETE

NAME
ASSISTANT SECRETARY
STREET ADDRESS
842 DURHAM RD.
CITY-STATE-ZIP
NEWTON PA 18940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition

1.2 NAME JOSEPH A. DE LUCA
1.3 STREET ADDRESS 842 DURHAM ROAD, SUITE 200
1.4 CITY-STATE-ZIP NEWTON PA 18940

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 25 1996 (813) 956-1147

Date

Daytime Phone #

CR2E034 (12/95)