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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33850-3507



3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0401752	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

TURNER, JAMES L.
200 SPOUTH ORANGE AVE
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S DE LUCA, ALFONSO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	842 DURHAM RD.	1.2 NAME	
STREET ADDRESS	NEWTON PA 18940	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D/P ALFIERI, VINCENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 E. DELAWARE	2.2 NAME	
STREET ADDRESS	CHICAGO IL 60610	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S ALFIERI, LEAH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 E. DELAWARE	3.2 NAME	
STREET ADDRESS	CHICAGO IL 60610	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS DE LUCA, JOSEPH A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	842 DURHAM RD SUITE 200	4.2 NAME	
STREET ADDRESS	NEWTOWN PA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Joseph A. DeLuca 1/13/97 215 598 3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)