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CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name	P93000040541	(3)
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Principal Place of Business 195 \$ WESTMONTE DR \$UITE K ALTAMONTE SPRINGS FL 32714 US 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 4d. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 2d. Mailing Address 4d. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 2d. City & State City & State City & State City & State 2d. Mailing Address 4d. FEI Number Applied For Not Applicable 5d. Certificate of Status Desired Fee Required City & State City & State City & State 2d. Country Applied For Not Applicable 5d. Certificate of Status Desired Fee Required Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees	ADVANCE MEDIA, INCORPORATED									
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9, Name and Address of Current Registered Agent 20TINECK, SCOTT W 202 MAJESTIC OAK DR ALTAMONTE SPRINGS FL 32714 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address		Country		Zip Country				8. This corporation has liability for intangible tax under s 199.032,		
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### Addition #### Addition #### Addition #### Addition #### Addition #### Addition #### Addition ##### Addition ###################################		g. Name and Address of Currer	nt Regist	tered Agent					10. Name and Address of New Registered Agent	
202 MALESTIC OAK DR ALTAMONTE SPRINGS FL 32714 83 City	30771	OV 000TT W								
### A City FL 85 Zip Code						82	St	reet Addre	ress (P.O. Box Number is Not Acceptable)	
FL Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hand 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 reg						83				
11. Presugant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-harned corporation submits this statement for the purpose of charging the registered office or registered appent, or both in the State of Florida Such change was submit noted by the corporation's board of directors. I heretly accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE System, typed or preted runs of mystered agent and tool acceptates. POTE Registered Agent synthemic accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE System, typed or preted runs of mystered agent and tool acceptates. POTE Registered Agent synthemic accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. POTE Registered Agent synthemic accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. POTE Registered Agent synthemic accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. POTE Registered Agent synthemic accept the appointment as registered agent. I arm familiar with, and accept the appointment as registered agent. I arm familiar with, and accept the obligations of the corporation's board of directors. I heretly accept the appointment as registered agent. I arm familiar with, and accept the obligations of the corporation's board of directors. I heretly accept the appointment as registered agent. I arm familiar with and accept the appointment as registered agent. I arm familiar with and accept the corporation's board of directors. I heretly accept the appointment as registered agent. I arm familiar with and accept the corporation's particular acceptance and acceptance agent acceptance and acceptance acceptance acceptance acceptance						84	Ċi	ty	85 Zip Code	
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TITLE	SIGNATURE .	Signature, typed or printed name of registered agen	t and title it s	applicable. (NC	OTE: Registered	d Agen	ıl sigr	ature required	d when reinstating): DATE	
NAME	12.	OFFICERS AN	ID DIREC		13.					
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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: 🔀

SCOTT ZOTTWECK 4/25/96 407-788-0872