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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

	UAL REPORT 1996		Secr	ra B Mortham etary of State DF CORPORATIONS					
1. Corporatio	n name		49357 (	5)					
ADVAI	NCED VIVARIUM	SYSTEMS, INC	· *•						
Principal Place 900 N FEDE			Ma'ling Address			ı sanılağı sın ining ilili Abili	EBIN GONN BONN DIGN	HELON KIL	II MIKKI IMAN IMAK
SUITE 210			900 N FEDERAL HWY SUITE 210						
BOCA RATO	JN FL 33432		BOCA RATON FL 334	132	<b>3.</b> Da	e Incorporated or Qualif	ed 3a. Date o	f Last R	eoort
2. Principal Pl	lace of Business		a. Mailing Address			7/12/1993 Number		01/199	95
		pad 26	1 1 1 1 1	5640	<b>4.</b> FER	65-0420570		h	Applied For Not Applicable
Suite Apt.	#, etc. <b>506</b>	27	Suite, Apt. #, etc.		<b>5</b> . Co	tricate of Status Desired			Additional
City & State	e		City & State		6. Fles	ction Campaign Financin			Required
23 Pomi	PAND BEAC		Lighthous	so Pt, E	Tru	st Fund Contribution	~ D	Added	May Be to Fees
24 330	4	DWARD 29	3 3074	Country 30 BROWN	8. This	corporation has liability	for intangible tax i Yes □ No		
		ess of Current Reg	stered Agent	Jac Devur	10. Na	me and Address of Ne		ent	
DEVOS	JOLI, PATRICK			81 Name	1 4 .	/ 1.			
	EDERAL HWY			82 Stree	t Address (F.O. E	ox Number is Not Acce	table)		
SUITE 2	110			83		KNT RD	· · · · · · · · · · · · · · · · · · ·		
BOCA R	ATON FL 33432			84 Cit.	506		·-····		
11. Proviant to	n the provisions of Sact	ions 607 0600 and 6	07 1500 11-1-0-1	D <sub>0</sub>	MPRINO	BEACH			3069
Or registere	ed agent, or both, in the	State of Florida. Suc	07. 1508, Florida Statut ch change was authori:	ies, the above harned o	corporation subm	ts this statement for the	purpose of chang	ing its re	egistered office
			LOCOC TU JUDILI	contribution in confidentiality.	s board of directo	rs. Thereby accept the a	appointment as red	aistered .	acent Lam - L
SIGNATURE	in, in checeboule, ibidi	ations of, Section 607	0505, Florida Statute:	reien do l	s board of directo	ts this statement for the risk I hereby accept the r	appointment as reg	gistered	agent. Lam
SIGNATURE _	Signar ire, typed or perced in a	C <sup>1</sup> registered agent and talk	Tapple above 1907	TKICK OQ DTE Registered Agent signatura	osjoli required of en reinstah	v	4-12-	96	
SIGNATURE _	Signar ire, typed or perced in a		Haplinder (N	TKYCK 0e DE Bigstred Agent synatura 13.	osjoli required of en reinstah	rs Thereby accept the a	DATE DEFICERS AND DI	96 RECTO	
12.	P DEVSJOLI, PARTI	CK	CTORS  DELETE	TKICK OQ DTE Registered Agent signatura	OS ON I recentable ADD	ITIONS/CHANGES TO C	DATE DEFICERS AND DI	96	
12. THE NAME STREET ADDRESS	P DEVSJOLI, PARTI 900 WEST FEDE	CK RAL HIGHWAY, SU	CTORS  DELETE	TE Region and Agent Signature  13.  1 1 TITLE	Patrice 2732	THOUS CHANGES TO C K de Vos NE 22 AV	DEFICERS AND DI	96 RECTOR Change	
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12. THILE NAME STREET ADDRESS CHY-ST-ZIP THLE	P DEVSJOLI, PARTI 900 WEST FEDE	CK RAL HIGHWAY, SU	CTORS  DELETE	TE Negotical Agent signature  13. 1 1 TITLE 12 NAME 15 STREET ADDRESS 14 CITY ST - ZIP 2 1 TITLE	Patrice 2732	THOUS CHANGES TO C K de Vos NE 22 AV	DEFICERS AND DI	96 RECTOR Change	
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SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DE VOSJOLI 4/2-96 (954)984-0009