FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052020 (3)

1. Corporate Name

ADVENT CONSULTING, INC.

Principal Office Address

28715 TWINBROOK LN
WESLEY CHAPEL FL 33543

Mailing Address

P.O. BOX 82378
TAMPA FL 33682

3. Date of Last Report: 07/26/1993

3a. Date of Last Report: 06/02/1994

2. Date of Incorporation

2a. Mailing Address

4. FEI Number: 59-3196584 — Applied For / Not Applicable

Date Apt # of

Date Apt # of

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

City, State

City, State

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

City, State, Zip

City, State, Zip

8. The corporation has made an election under s. 1361.06 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

REDWOOD, WAYNE
28715 TWINBROOK LANE
WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the above named corporation submits the 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, officers, or by the appointment or resignation of its registered agent. Each person signing has complied with the provisions of Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
REDWOOD, WAYNE
9601 FOX HEARST RD
TAMPA FL 33682-2378

13. ADDITION, CHANGE OR DELETION OF OFFICERS AND DIRECTORS

[ ] Change [ ] Add/Delete

14. I declare under penalty of perjury that the information contained herein and fees paid, for the purpose stated in Section 607.0122 Florida Statutes, Chapter [illegible] Florida Statutes, and that I am an officer or director of the corporation or a person authorized by the corporation to file this report. I understand that the information contained herein is true and accurate and that, subject to the penalties for filing false reports under Section [illegible] Florida Statutes, and that I am aware that false information submitted to a public officer or agency may be punishable under Section [illegible] Florida Statutes.

SIGNATURE: [signature] 5/1/95 813 915-1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE REDWOOD

0444532 FP