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

PROFIT



CORPORATION Sand			ra B. Mortham etary of State DF CORPORATIONS			
1. Corporation	IMENT # P930 NCE SERVICE INDUSTRI	00079506 (0	0)			
ADVA	NOE SENAIGE INDUSTRI	ES, INC.			E INDIFER AND INION AND DESIGNATION	Adili adili 1848 dan ang atin dan dan ang
Principal Disc	e of Business			·~		
1	NRISE BLVD.	Mailing Address	ŭ		Constituting the same and same same same same same same same same	enter der stere etter betet beite beite betet 1881
D-123		4350 W. SUNHISE BE D-123	4350 W. SUNRISE BLVD. D-123			
PLANTATION US	N FL 33313	PLANTATION FL 3331 US	13		Date Incorporated or Qualified	3a. Date of Last Report
		US			11/12/1993	05/01/1995
	Place of Business	2a. Mailing Address		- 	4. FEI Number	Applied For
Suite, Apt. #, etc.		26			65-0446518	Not Applicable
22		Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			6. Election Campaign Financing	□ \$5.00 May Be
Zip	Country	Zip	Count	ry	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25	29	30		Florida Statutes 🙀 Yes	□No
	9. Name and Address of Cu	rrent Registered Agent		1 Name	10. Name and Address of New F	legistered Agent
GUTIERREZ, ROBERT J 11459 WOODCHUCK DR. BOCA RATON FL 33428			8		ddress (P.O. Box Number is Not Acceptab	85 Zip Code
familiar w SIGNATURE	ith, and accept the obligations of, s Syrature typed or protess name of registered	Section 607.0505, Florida Statute	ized by the col is.	poration's be	poration submits this statement for the pur oard of directors. I hereby accept the apportunity	pose of changing its registered office pointment as registered agent. I am
12.	Y	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D GUTIERREZ, ROBERT J 11459 WOODCHUCK DR.	☐ DELETE	1 1 TP LI 1 2 NAMI 1 3 STRE	1		Change Addition
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 Cify	ST ZIP		
TITLE		☐ DEFEIF	2 1 11111			Change Addition
NAME STREET ADORESS			2.2 NAME			
CITY - ST - ZIP				ET ADDRESS		
TITLE		DELETE	24 CHY- 3 1 TITLE			Change Addition
NAME		-	3.2 NAME			
STREET ADDRESS			33 STRE	ET ADDRESS		
CITY-ST-ZIP			3 4 CiTy-	ST-ZIP		
TITLE	DELETE		4. 1 T(T _L E			Change Addition
NAME STREET ADDRESS	ANORES		4 2 NAME	ŀ		
CITY-ST-ZIP	•			T ADDRESS		
TITLE		☐ DELETE	5 1 TiTLE			
NAME			5 2 NAME			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY -			
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			_
STREET ADDRESS			63 STREE	T ADDRESS		

14. I do hereby certify that the information supplied with the fling 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 priori 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 composition 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 3 if energies.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 7917527 Dayone Phone #

CR2E034 (12/95)