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PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079566 (4)

ADVANTA TECHNOLOGIES, INC.

FILED Apr 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				1 10011011 1/0 10/02 11/11 09/11 09/11	(\$5000 \$\$(0) (\$\$(\$ 1919) \$100)	9411 0 8 411 488 1
100 RIALTO PLACE SUITE 527 MELBOURNE FL 32901 US		100 RIALTO PLACE SUITE 527 MELBOURNE FL 32901 US		DO NOT WRI	TE IN THIS SPACE	
				3. Date incorporated or Qualified		
A Data de al Dia	4.5			11/17/1993		
2. Principal Place of Business 1 1757 South Patrick Drive		2a. Mailing Address 26 1757 South Patrick Drive		4. FEI Number		
Suite, Apt. #		Suite, Apt. #, etc.	atrick Drive	59-3211710	ec 75	ot Applicabl
2		27		5. Certificate of Status Desired		Additional lequired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
	Harbour Beach	28 Indian Harbo		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes or has		
32937		92937	30 Brevard	Personal Property Tax due Ju 10. Name and Address of New I		No
	9, Name and Address of Curren	it Madigrated Wdalir	81 Name	10. Name and Address of New I	vehistated whelit	
100	MB, VINCENT S JR. O RIALTO PLACE SUITE 527		B2 Street A	AB, VINCENT S JR, address (P.O. Box Number is Not Accept		
ME	LBOURNE FL 32901			757 SOUTH PATRICK DRIV	<u>Æ</u> _	
			83			
			84 CITY OF	AN HARBOUR BEACH	FI 85 Zip	2937
1. Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statut	lee the shove named o	cornoration cultimits this statement for the	nuroose of changing	ite registere
office or re agent. I am	gistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Ft	authorized by the corporida Statutes.	oration's board of directors. I hereby acc	cept the appointment as	s registered
-						
	Signature, typod or printed name of registered age	of and title if applicable (NO)	E: Registered Agent signature r	required when reinstating)	DATE	
S	Signature, typed or printed name of registered ap- OFF ICERS ANI		E: Registered Agent signature r	required when reinstating) ADDITIONS/CHANGES TO OFF		RS IN 12
2.						
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4/3/98 (407) 779-1221 Kathleen M. Van Pelt