1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011355

Principal Place of Business	Mailing Address
18656 MMAMI DEVO	16656 MIAMI BLVD
FT MYEB8 1 33912	FT MYERS EL 33912
US	US
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Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90004 005 ***150.00

ADVANC Principal Place 18656 MAMI PI FT MYEBS 1	ED DESIGN CONTRACTION of Business KVD	Mailing Address 10856 MIAMI BLVD FT MYERS EI 33912 US		DO NOT WRITE IN TH	
			~	3. Date incorporated or Qualifed 02/10/1994	
2. Principal P	Place of Business 44	(Box 61555		4. FEI Number	Applied For
1 33 <i>(</i>	ንሬ 24''St <i>እ</i>	W 26 P.O. BOX 61333		65-0467560	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	High acres	City & State 28 Ft hyers	Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
² 339	Country [25]	⁷ 33906~ Js	Country 5.5	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	ed Agent
DALI	ILICH JORN I		81 Name		
PAULICH, JOHN I 801 ANCHOR RODE DR #203		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	LES FL 34105		83		
					leel 7:- Orde
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	AND DIRECTORS	stered Agent signature require	ADDITIONS/CHANGES TO OFFICERS PSD Advanced besign Cont. Steven M. Zepp P.O. 130x 61555	AND DIRECTORS IN 12
TITLE NAME	STEVEN M ZEPP	Γ	1.2 NAME	Steven M. Zepp	, -
STREET ADDRESS	40050 48444 5115		1.3 STREET ADDRESS	P.O. 130x 61555	a. 1555
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CMY-ST-ZIP	Ft myers Fl 339	06-1322
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STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY_ST-ZIP 3.1 TITLE	And the same and t	☐ Change ☐ Additio
TITLE		_	3.2 NAME		
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TITLE			4.1 TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
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CHY-SI-ZIP			5.4 CITY-ST-ZIP		Change Change
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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, with all other like empowered.

SIGNATURE: