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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000018182 (3)

1. Corporation Name ADVANCED ENGINEERING, INC.

Principal Place of Business

**DOCUMENT #** 

Mailing Address

1160 S. LAKE SYBELIA DR.

1160 S. LAKE SYBELIA DR



| MAITLAND FL 32751             |  | MAITLAND FL 32751          |                    |                 |  |   |
|-------------------------------|--|----------------------------|--------------------|-----------------|--|---|
| <b>A</b> D                    |  |                            |                    |                 | 3. Date Incorporated or Qualified 03/03/1994   | 3a. Date of Last Report 04/27/1995  |
| 2. Principal Plan             |  | 2a. Mailing Address        | 9                  |                 | 4. FEI Number  | Applied For   |
| 21 199 W Marvin Ave.          |  | 26 199 W. Marun Hue        |                    | 59-3232463      | Not Applicable   |   |
| 22                            |  | Suite, Apt. #, etc.        |                    |                 | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| City & State  23 Longwood, FL |  | City & State  28 Long wood | . 74.              |                 | Election Campaign Financing     Trust Fund Contribution                              | \$5.00 May Be<br>Added to Fees  |
| Zip 75<br>24 3み75             |  | 29 3.2150                  | Country<br>30 Ser  | ninole          | 8. This corporation has liability for in Florida Statutes Yes                        | □No   |
|                               | 9. Name and Address of Current                         | Hegistered Agent           |                    |                 | 10. Name and Address of New Re   | gistered Agent  |
| MADDE                         | TAL EDANGE   |                            | 81                 | Name            |  |   |
|                               | EN, FRANCIS  |                            |                    |                 | Address (P.O. Box Number is Not Acceptable)  |   |
|                               | . Lake sybelia dr.<br>Ind FL 32751                     |                            |                    |                 |  |   |
| MAIILA                        | INU FL 32/51   |                            | 83                 |                 |  | -   |
|                               |  |                            | 84                 | City            |  | 85 Zip Code   |
| 11 Pursuant to                | the provisions of Parties a COZ OF OF                  | 10071700 5                 |                    |                 |  |   |
| SIGNATURE                     |  |                            |                    |                 | abon submits this statement for the purple of directors. I hereby accept the appoint | idse of changing its registered office intinent as registered agent. I am |
| S.                            | ignature typed or printed oar in of registered agent a | The engages at a most      | t. Registerad Agen | synatur represi | when minel thego   | 31AC  |
| 12.                           | OFFICERS AND   |                            | 13.                |                 | ADDITIONS/CHANGES TO OFFICE  | DERS AND DIRECTORS IN 12  |
| THTLE                         | P  | ☐ DELETE                   | 1 1 TITLE          |                 |  | ☐ Change ☐ Addition   |
| NAME                          | WARREN, FRANCIS  |                            | 1.2 NAME           |                 |  |   |
| STREET ADDRESS                | , 1160 S LAKE SYBELIA DR                               |                            | 1.3 STREET         | ADDRESS         |  |   |
| CHTY-ST-ZHP                   | MAITLAND FL  |                            | 1.4 CITY - S       | 1 - ZIP         |  |   |
| TITLE                         |  | DELETE.                    | 2 1 Title          |                 |  | Change Addition   |
| NAME                          |  |                            | 2.2 NAME           |                 |  |   |
| STREET ADDRESS                |  |                            | 23 STREFT          | ADDRESS         |  |   |
| CITY-ST-ZIP                   |  |                            | 2.4 CITY - S1      | - ZIF           |  |   |
| TITLE                         |  | DELETE                     | 3 1 THE            |                 |  | Change Addition   |
| NAME                          |  |                            | 3.2 NAME           |                 |  |   |
| STREET ADDRESS                |  |                            | 33 STHEET          | ACIDRESS        |  |   |
| C(1Y+S1-Z(P                   |  |                            | 3.4 CITY - ST      | - ZIP           |  |   |
| HILE                          |  | DELETE                     | 4 1 TINEF          |                 |  | Change Addition   |
| NAME                          |  |                            | 4 2 NAME           | İ               |  |   |
| STREET ADDRESS                |  |                            | 4.3 STREET #       | ADDRESS         |  |   |
| CITY-ST-ZIP                   |  |                            | 44 CITY-SI         | - 219           |  |   |
| TITLE                         |  | ☐ DELETE                   | 5 1 TITL€          |                 |  | Change Addition   |
| NAME<br>CIRCUIT ADORES        |  |                            | 5.2 NAME           |                 |  |   |
| STREET ADDRESS                |  |                            | 53 STREFT #        | IDDAESS         |  |   |
| TITLE                         |  |                            | 5.4 CHY-ST         | ZiP             |  |   |
|                               |  | ☐ DELETE                   | € 1 TiTLE          |                 |  | Change Add-tion   |
| NAME<br>OTDEST 1000000        |  |                            | 6.2 NAME           |                 |  | İ   |
| STREET ADDRESS<br>CITY-S1-ZIP |  |                            | 63 STREET A        | DORESS          |  |   |
|                               |  |                            | 6.4 City-St        |                 |  |   |

certify that the information indicated by this annual report or supplied with this funds and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further cath, 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 grianged or on an attachment with an address.

SIGNATURE:

ALM Co Winted NAME OF SIGNING OFFICER OF DIRECTOR WAYPEN 4/29/96 407-767-8255