FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400040536 (2)

ADVANCED FIRE SYSTEMS, INC.

Principal Place of Business Mailing Address 5896 ENTERPRISE PKWY 5896 ENTERPRISE PKWY FORT MYERS FL 33905 FORT MYERS FL 33905 DO NOT WRITE IN THIS SPACE IIS Date Incorporated or Qualified 05/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0494611 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 🔀 Yes 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JURSINSKI, KEVIN F ESQ. Jursinski, Kevin F. Esq/ BARNETT CENTRE, SUITE 402 Street Address (P.O. Box Number is Not Acceptable) New Abbress 2000 MAIN STREET 2222 Second Street 83 FORT MYERS FL 33901 City Fort Myers ^{Zi}B3961

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition Vice President NAME COUTS, RHONDA 1.2 NAME Gary Scoville 9460 SWAN WAY STREET ADDRESS 1.3 STREET ADDRESS 18013 Phlox Dr. NORTH FORT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Fort Myers, FL 33912 DELETE TITLE 2.1 TITLE Change Addition COUTS, MICHAEL NAME 2.2 NAME 9460 SWAN WAY STREET ADDRESS 2.3 STREET ADORESS NORTH FORT MYERS FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition TITLE Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

Rhonda K. Cours BED FOUIRED

1/22/98

FILED

Jan 29 1998 8:00am

Secretary of State

(941) 693-8922

CR2E034 (10/97)