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CORPORATION ANNUAL REPORT

Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 P94000063782 (4) DOCUMENT #

ADVANCED	I AWN	SPECIAL	2721	INC
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Principal Place of Business Mailing Address 960 SOUTH DIXIE HWY 7605 SE HOBE TERRACE HINET 3 HOBE SOUND FL 33455 JUPITER FL 33468 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/25/1994 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0523523 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLISUS, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 82 7605 SE HOBE TERRACE HOBE SOUND FL 33455 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TETLE 1.1 TITLE ☐ Change ☐ Addition NAME: KLISUS, STEPHEN C 1.2 NAME STREET ADDRESS 7605 SE HOBE TERRACE 1.3 STREET ADDRESS HOBE SOUND FL CITY - ST - ZIP 1.4 CITY - ST - ZIP THILE DELETE ■ Addition 2 1 TITLE ☐ Change NAME ALBANI, GARY P 2.2 NAME 8863 S.E. HOBE RIDGE AVENUE STREET ADDRESS 2.3 STREET ADDRESS HOBE SOUND FL 33455 CiTY-ST-ZiP 24 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME ALBANI, PETER J 32 NAME 18081 S.E. COUNTRY CLUB DRIVE, #316 STREET ADDRESS 3.3. STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 1011.8 Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE 5 1 TITLE ☐ Change Addition 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-7IP THILE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIF 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 changed, or on an attachment with an address.

(12/95)

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