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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

OCUMENT# P940000000515

Advanced Processor Development Corp.

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90014 003 ***150.00

Principal Place of Business	Mailing Address						
1373 Galeway Dr	54						
1373 Galeway Dr SAME		1 E	į	DO NOT WRITE IN THIS SPACE			
Melbourne, FL				3. Date Incorporated or Qualifed			
MELODURAL, FL	32901			9/6/1994			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	26			59-3270	161	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certifcate of Status Desired		\$8.75	Additional
22	27			5. Certificate of Status Desired		Fee Re	quired
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
3	28			Trust Fund Contribution		Added	o Fees
Zip Country	Zip	Country	_	8. This corporation owes the curre	· -	<u>.</u>	_
25		80		Personal Property Tax.		_ Yes	□No
9. Name and Address of Curren	it Registered Agent	81 Nam		0. Name and Address of New R	egistered Ag	jent	
Variable N Ta	0 1	Or Nair	ne.				
Kenneth N. Jacob	4 , P.A.	82 Stre	et Address	(P.O. Box Number is Not Accepta	ble)		
1423 S- Patrick	Na. tre	93					
• •		83					
Satillite, FL	37.92-	84 City				85 Zip (Ode
					FL		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of 	2 and 607.1508, Florida Statutes of F <i>lo</i> rida. Such change was autl	, the above-name horized by the co	ed corporati ornoration's l	ion submits this statement for the p board of directors. I hereby accept	purpose of ch t the appointm	anging its nent as red	registered sistered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statutes.		,	. ате арропп.		,
•	·			*			
SIGNATURE							
Signature, typed or printed name of registered agent		egistered Agent signatu	ure required when		DATE		
Signature, typed or printed name of registered agent 12. OFFICERS ANI	D DIRECTORS	13.	ure required when	n reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		
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OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME