

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092954
1. Corporation Name
Advanced Consulting, Inc.

Principal Place of Business Mailing Address
7025 Beracasa Way Suite 207
Boca Raton FL 33498

3. Date Incorporated or Qualified 12-27-94 3a. Date of Last Report 5-01-95
4. FEI Number 65-0547029 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 7025 Beracasa Way
22 City & State 27 Suite 207
23 Zip 28 Boca Raton FL
24 Country 29 33433 30 Palm Beach

9. Name and Address of Current Registered Agent
Kelly L. McAlister
7025 Beracasa Way Suite 207
Boca Raton, FL 33498 33433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Kelly L. McAlister Kelly L. McAlister 4/26/96
Signature, typed or printed name of registered agent, and date of signature. (Date Registered Agent signature required when it is changed.)

12. OFFICERS AND DIRECTORS
TITLE President
NAME Kelly L. McAlister
STREET ADDRESS 7025 Beracasa Way Suite 207
CITY-ST-ZIP Boca Raton, FL 33498 33433
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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97. TITLE
98. NAME
99. STREET ADDRESS
100. 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 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.

SIGNATURE: Kelly L. McAlister Kelly L. McAlister 4/26/96 407-367-1737
Signature, typed or printed name of signing officer or director. Date. Phone #.

CR2E034 (12/95)

5/1/96