## 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

DOCUMENT # P95000007523 (0)
1. Corporation Name

ADVENT INTERNATIONAL, INC.

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Principal Place				a f <b>að</b> hiðan tað li	FIUI DINN DDIM RUI	11 <b>30</b> 111 <b>00</b> 311 <b>0</b>	#161 <b>2010</b> 1 <b>0</b> 3	1210 OCBOB 1611 OOB1	1		
10005 SW 6 MIAMI FL 33		10005 SW 63 PLACE MIAMI FL 33156									
						01/30/199		3a, Date	e of Last F	Report	
h <del>-</del>	ace of Business	2a. Mailing Address			1	FEI Number	011			Applied For	
Suite, Apt.	# elc	Suite, Apt. #, etc.				65-05	• •		X	Not Applicable  5 Additional	e —
22	, oto.	27			5.	Certificate of Sta	itus Desired			Required	
City & State	)	City & State			6.	Election Campai	gn Financing		\$5.0	<b>00</b> May Be	
23		28	T			Trust Fund Cont		<u> </u>		led to Fees	
Zip 24	Country 25	Zip 29	Country 30		8.	This corporation Florida Statutes		intangible ta s	ax under s	s 199.032,	
24	9. Name and Address of Curre					10. Name and Address of New Registered Agent					
			81	I N	ame						
STIPP,	JERRY J		8:	2 St	reet Address (P.	O. Box Number i	s Not Accepta	ble)			
	SW 63 PLACE						· · · · · · · · · · · · · · · · · · ·				
MIAMI F	EL 33156		83	ا"							
			84	1 Ci	ty			FI	85 Z	Zip Code	
	a the provisions of Sections 607.050										ice
	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec		ed by the cor	porat	ion's board of di	irectors. I hereby	accept the app	xointment as	registere	ad agent. I am	
SIGNATURE											
	Signature, typed or printed name of registered age	nt and title I applicable (NO) ND DIRECTORS		ent sign	ature required when re		NOCO TO OF	DATE	N DIDEOT	CODO IN 40	
12.	P OFFICERS A	DELETE	13.			ADDITIONS/CHA			Change		
NAME	STIPP, JERRY J	_	1.2 NAME		Davi	d J. Bea Clematis	sley	-	_ ,	P4'	
STREET ADDRESS	10005 SW 63 PLACE		1.3 STREE	ET ADDI	RESS 319	Clematis	17. ,#	609			
CITY-ST-ZIP	MIAMI FL 33156		1.4 CiTY-	ST-ZIF	West	Palm Bea	ich, FL	3340	L		
TITLE	D	☐ DELETE	2. 1 TITLE		D	Palm Bearen GAW 9 Notion ANGELLS	(A.1.A.1	Į.	Change	e 💢 Addition	I
NAME	BEASLEY, THOMAS H	100	2 2 NAME		FE/	and so	N Glad	<b>-A</b> /∧(°)	l		
STREET ADDRESS	1261 FAIRLAKE TRACE, #1 FORT LAUDERDALE FL 333		2.3 STRES 2.4 G(TY-		Lac	ANICETUS	CA 91	14,007			
CITY-ST-ZIP	D	DELETE	3 1 THUE			//va coco	107 /	[	Change	e 🔲 Addition	1
NAME	BROOKS, GILLIAN	<i>•</i>	32 NAME							<del></del>	
STREET ADDRESS	10005 SW 63 PLACE		3.3. STRE	ET ADD	RESS						
CITY-ST-ZIP	MIAMI FL 33156		34 CITY-		)			·····			
TILE		☐ DELETE	4 1 TITLE					l	Change	e 🔛 Addition	
NAME SIBEET ADDRESS			4 2 NAME 4 3 STREE		DE CC					•	
CHY-ST-ZIP			4 3 SIRE								
TITLE		DELETE	5 1 TITLE					1	☐ Change	Addition	1
NAME			5.2 NAME								
STREET ADDRESS			5 3 STREI	ET ADD	RESS						
CITY - ST - ZIP		M DELETE	5.4 CITY-		·			· · · · · · · · · · · · · · · · · · ·		- Addison	
TITLE		☐ DELETE	5 1 TITLE 5 2 NAME						U-ange	e 🔲 Addition	1
NAME STREET ADDRESS			6.3 STREE		RESS				1		
CITY-ST-ZIP			6.4 CITY-						ſ		
14 Ldo hereh	L y certify that the information supplied	with this filing is voluntarily furni	shed and do	es no	t qualify for the	exemption stated	in Section 119	9.07(3)(k), Fk	orida Stat	lutes. I further	
oath; that	t the information indicated on this an Lam an officer or director of the corp n Block 12 or Block 13 if changed, o	poration or the receiver or trusted	empowered	to e	no accurate and xecute this repor	rt as required by	e snaii nave thi Chapter 607, F	iorida Statul	tes. and t	s if made under that my name	•

**SIGNATURE:** 

Printe for TOTERY J. ST. P. President 4/24/96

4/24/96 305/663-6543

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