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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P95000030214 (7) ADVANCED MACHINING, INC.

FILED
Jan 29 1997 8:00am
Secretary of State

Principal Place of Business 333 W MARION AVE UNIT 15 EDGEWATER FL 32132		Mailing Address 333 W MARION AVE UNIT 15 EDGEWATER FL 32132-3571				
		•			 Date Incorporated or Qualified 04/13/1995 	d 3a. Date of Last Report 04/18/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-3308633	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crtý & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	/	This corporation has liability for Florida Statutes	or intangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New I	Registered Agent
	IT, ROBERT E M MARION AVE		81		Iress (P.O. Box Number is Not Accept	table)
1	EWATER FL 32132		83			
			84	<u> </u>		FL 85 Zip Code
: office or re	o the provisions of Sections 607.05 agistered agent, or both, in the Stat in familiar with, and accopt the obli	te of Florida. Such change wa	s authorized b	y the corpora	poration submits this statement for the dion's board of directors. I hereby acc	a purpose of changing its registered cept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	neut auf title if aneteable (N	OTE Twoish red An	ant semature room	red when reinstaling)	DATE
12.		ND DIRECTORS	13.	on o qui bore re qu		FICERS AND DIRECTORS IN 12
TITLE	D	DELFTE	1.1 TITLE		, in the state of	Change Addition
NAME	KAYAT, ROBERT E		1.2 NAME			
STREET ADDRESS	333 W MARION AVE		1	I ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32132		1.4 CITY-			
TITLE		DFLETE	2.1 TITLE	31-211		Change Addition
NAME		_	2.2 NAME	ļ		_ • –
STREET ADDRESS			2 3 STREE	ADDRES\$		
CITY-ST-ZIP			2 4 CITY			€ p
TITLE		DELFTE	3 1 TITLE			Change Addition
NAME			3.2 NAMÉ			1
STREET ADDRESS			3.3 STREE	I ADDRESS		
CITY-ST-ZIP			3.4. CITY -	S1-ZIP		
TITLE		DELETE	4.1 111 LE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STRFE	ADDRESS		
CITY-ST-ZIP			4.4 OffY=1	1		
TITLE		DELETE	5.1 T-1LE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	S1 - ZIP		
TITLE		DELETE	611111.E			Change Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREE	F ADDRESS		
CITY-ST-74P			64 DBY.			

14. I do hereby certify that the information supplied with this filing 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 logal effect as if made under eath; 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.

1-17-97

904-424-7333