

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 # **P95000047225 (4)**

1. Corporation Name

ADVANTAGE AMERICA CORPORATION



Principal Place of Business

1718 E. 7TH AVENUE STE 301
TAMPA FL 33605

Mailing Address

1718 E. 7TH AVENUE STE 301
TAMPA FL 33605

3. Date Incorporated or Qualified
06/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3323793

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKEE, ROBERT F ESQ.
1718 E. 7TH AVENUE STE 301
TAMPA FL 33605**

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

Signature (Typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: SCHLANGEN, EDWARD R
STREET ADDRESS: 8440 ULMERTON ROAD STE 520
CITY-STATE-ZIP: LARGO FL 34641

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS: 19823 Gulf Blvd #6
1.4 CITY-STATE-ZIP: Indian Shores FL 34635

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

2.1 TITLE: Change Addition
2.2 NAME: VP/D George E. Schlangen
2.3 STREET ADDRESS: 1028 Beverly
2.4 CITY-STATE-ZIP: Wheeling, IL 60090

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3.1 TITLE: Change Addition
3.2 NAME: Debra A. Maki
3.3 STREET ADDRESS: 6407 30th Avenue
3.4 CITY-STATE-ZIP: Kenosha, WI 53142

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4.1 TITLE: Change Addition
4.2 NAME: S/T/D Doug Powell
4.3 STREET ADDRESS: 10115 Wilmot Rd
4.4 CITY-STATE-ZIP: Kenosha WI 53142

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-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:

Edward R. Schlangen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

Date

813/595-5115

Daytime Phone #

CR2E034 (12/95)