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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000050254 (8)

1. Corporation Name
ADVANCED SOFTWARE GROUP, INC.



Principal Place of Business

8122 GLADES RD.
#389
BOCA RATON FL 33434
US

Mailing Address

8263 BOCA GLADES BLVD. EAST
BOCA RATON FL 33434-4032

3. Date Incorporated or Qualified
06/27/1995

3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

26 8122 GLADES RD

22 City & State

27 Suite Apt. #, etc.

28 BOCA RATON, FL

23 Zip

Country

29 Zip

Country

24

25

30

33434 PALM BEACH

g. Name and Address of Current Registered Agent

SINGER, BERNARD A
4700 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, CLARENCE E III
STREET ADDRESS 8263 BOCA GLADES BLVD. EAST
CITY-ST-ZIP BOCA RATON FL 33434

DELETE

TITLE STD
NAME SENTER, ROSS M
STREET ADDRESS 8263 BOCA GLADES BLVD. EAST
CITY-ST-ZIP BOCA RATON FL 33434

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
ROSS SENTER
8263 BOCA GLADES BLVD. E.
BOCA RATON, FL 33434

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

954-730-9022

Date

Daytime Phone #

CR2E034 (9/96)