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

PROFIT CORPORATION ANNUAL REPORT 1997

14. I do hereby certify that the information information indicated on this annual of I am an officer or director of the orpor



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # P95000072701 (2)

ADVANCED INVESTMENT CONCEPTS, INC.

Principal Place	Mailing Address					110 101 <u>0</u> 1 4 1111 0 01						
592 93RD AVEN NAPLES FL 339		592 83RD AVENUE NAPLES FL 34108-2437										
						3. Date inc 09/20/1	orporated or 0	Qualified		te of Last F	teport	
— `	lace of Business	2a. Mailing Address				4. FEI Num				<u> </u>	oplied For	
Suite, Apt.	# etc	26				65-06	17099				ot Applicable Additional	
22		27				5. Certifica	te of Status D	esired			equired	
City & State	e	City & State				Campaign Fir			\$5.00	May Be		
23 Zip	Country	Zip Country				nd Contributio				to Fees		
Zip 3 4 1 (7ip [29]	30			8. This corp Florida S	poration has li statutes	ability for in	tangible Yes	tax under s	. 199.032,	
5014.50	9. Name and Address of Current	Registered Agent				10. Name a	nd Address c	of New Reg	istered A	lgenl		
	'ER, ROSE M 93RD AVENUE			81	Name							
	LES FL 39969 34108			82	Street.	Address (P.O. Box Number is Not Acceptable)						
	22,100			83		· · · · · · · · · · · · · · · · · · ·			· ·			
				84	City					85 Zip	Code	
					,				FL			
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 egisterod agent, or both, in the State of im familiar with, and accept the obliga	hand 607.1508, Florida Stati of Florida. Such change was tions of, Section 607.0505, F	utes, the a s authorize Horida Sta	bove d by lutes	e-named the corp :	corporation submits poration's board of c	this statemer firectors. I her	nt for the pu eby accept	rpose of the appo	changing i piniment as	ts registered registered	
SIGNATURE												
12.	Signature, typed or printed name of registered agen OFFICERS AND		DII: Registere	d Age	nt signature	required when reinstating)	NS/CHANGES	TO OFFICE	DATE	DIDECTO	20 111 40	
TITLE	D	DELETE		1.5 TOLE		ADDITION	NS/CHANGES	10 OFFICE		Change	Addition	
NAME	DWYER, ROSE M	•	1.2 N	AME								
STREET ADDRESS	592 93RD AVENUE		1.3 \$	THEE T	ADORESS	Nonloc	Tar 0	4100				
CITY-ST-ZIP	NAPLES FL 33963	***************************************	1.4 C	TY-S	1 - ZIP	Naples,	ru 3	4108				
TITLE		DETELE	2.1 TI							Change	Addition	
NAME OXDEST ADDRESS			2.2 N									
STREET ADDRESS CITY-ST-ZIP					ADORESS 1- <i>z</i> ip							
TITLE		DELETE	3.170		1-711					Change	Addition	
NAME			3.2 N	AME						·	-	
STREET ADDRESS			3.3 S	IREET	ADORESS							
CITY-ST-ZIP			3.4 0	IIY-S	1-7P							
TITLE		∐ DELETE	4.1 10							Change	Addition	
NAME CTOSET ADDRESS			4.2 N		4 D O D I O O							
STREET ADORESS CITY-ST-ZIP				1866 I 114 - S'	ADDRESS							
TITLE		DELFTE	5.1 71		1 40					Change	Addition	
NAME			5.2 N	AME						-		
STREET ADDRESS			5.3 S	18961	ADDRESS							
CITY-ST-ZIP				11Y-S	1-2IP							
TITLE		☐ DITELE	6.1 70							☐ Change	Addition	
NAME OTOSSET ADDRESS			6.2 N									
STREET ADDRESS			6.3 S	IREET	ADORESS							

with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the explemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that he tessiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Rose Dwyer