FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	AL REPORT	DIV	Sandra B Mort Secretary of S ISION OF CORPO	tale	ONS						
	MENT # P950 0	0008249	8 (3)								
ADVA	NCED COMPETITION ENG	INES, INC.									
Principal Place of Business Mailing Address							HARI PRE IDIR! DILIL DBALL DB	III OFIII DAIDI I	FARD HAM BI	910 (310) (81) (80)	
	JTHWEST 25TH ST. PARK FL 33009		3133 A SOUTHWEST 25TH ST. PEMBROKE PARK FL 33009								
		en a la gran la compania de la comp		****		10/2	rporated or Qualified 6/1995	3a. Date	of Last R	·	
2. Principa! Pla	ice of Business	2a. Mailing Ad	dress			4. FEI Numb				Applied For	
Suite, Apt. #	t etc	Suite, Apt.	# etc			,		· · · · · · ·		Not Applicable Additional	
22	,, 0.0	27	, , , ,			5. Certificate	of Status Desired			Required	
City & State	AND THE PERSON OF THE PERSON O	City & Stat	e			1	Campaign Financing			O May Be	
23 Z _i p	Country	700		Country			d Contribution			d to Fees	
24	25	29	├			Florida St		ability for intangible tax under s 199.032, Yes No			
	g. Name and Address of Currer					10. Name an	nd Address of New R	legistered i	Agent		
				81	Name						
CORPORATION SERVICE COMPANY				82	Street Ad	idress (P.O. Box Nu	umber is Not Acceptab	ole)			
	IAYS STREET HASSEE FL 32301-2525			83							
IALLAI	MODEE PL 32301-2323									}	
				84	City			FL	85 Zq	p Code	
11. Pursuant t	o the provisions of Sections 607.0503 ed agent, or both, in the State of Flori	2 and 607.1508. Flor	ida Statutes, the a	bove-	named corp	oration submits this	s statement for the pur		nging its r	egistered office	
or registeri familiar wit	ed agent, or both, in the State of Hon h, and accept the obligations of, Sect	ida: Sugn change wa tion 607.0505, Florid	e authorized by tr a Statutes.	ie corp	ooration's bo	pard of pirectors, I f	iereby accept the app	ointinent as	registered	ragent. Lam : :	
SIGNATURE .	Signature, ligned on prodest name of regularies Lager.					in-distant recording					
12.		ID DIRECTORS			et Synature requ		IS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	OFIS IN 12 Addition	
THILE	D		DELETE 1.1			□ c		Change	Addition		
NAME	BERMAN, MARC		1	1.2 NAME							
STREET ADORESS	1612 S.E. 12TH ST., #24		1	3 STHEE	LADORESS						
CITY - ST - ZIP	FT. LAUDERDALE FL 33310	A COLUMN TO A SECURIT OF A SECURIT		4 CHY-	ST-ZIF				Changa	Addition	
TITLE NAME		□ D:		1 TITLE 2 NAME				L	Change	Addition	
NAME STREET ADORESS					1 ADDRESS						
CITY-ST-ZIP				4 OHY-:							
TITLE		D	ELETE 3	1 TILLE					Change	Addition	
NAME			3	2 NAME							
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP TITLE				4 CHY-1 1 THLE	·				Change	Addition	
NAME				2 NAME				Ĺ	The Australia	C Magnitor.	
STREET ADDRESS					I ADDRESS						
CITY-ST-ZIP				4 CITY :							
TITLE		O 🗀		1 THILE					Change	Additir	
NAME			5	2 NAME							
STREET ADDRESS			5	3 STREE	LADORESS					K.	
CITY-ST-ZIP				4 CHY-					T Charte	() A A A ()	
TITLE		D		1 TITLE				L	Change	Addition	
NAME expect abonced				2 NAME						·	
STREET ADDRESS			■ 6	s 5" HEE	F ADDRESS						

CITY-S1-ZIP

14. I do hereby certify that the information supplied with this fiting 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receipt for 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96