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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION IAL REPORT 1996		So.	dra B. Mor cretary of \$ OF CORP	rtham State)NS				
DOCUN 1. Corporation	MENT #	P950000	096871 (5)						
ADVANO	CED DIGITAL	SERVICES, INC	•							
			!							
Principal Place	of Business		Mailing Address					ODIN BOHI ODIN E	I I I HO I I I I I I I I I I I I I I I I	JE 10040 1101 1401
15802 WHEATF TAMPA FL 336		15802 WHEATFIELD PLACE TAMPA FL 33624								
							3. Date incorporated or 12/18/1995	Qualified 3	 Date of Last 	
2. Principal Pla		11	28. Mailing Address				4. FEI Number 59 - 33 5 2	845	-	Applied For Not Applicable
Suite) April	W. Gunn	ншү	Suite, Apt. #, etc				Certificate of Status I		\$8.7	75 Additional
22 102	<u> </u>		27						J Fe	e Required
City & State 23	pa FL		City & State				Election Campaign Fi Trust Fund Contributi	ion [Ad	.00 May Be ded to Fees
Zip 24 336					Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XNo		
24) 200		Address of Current					10. Name and Address			
					81	Name				
SCOTT, J		105			82	Street A	Address (P.O. Box Number is No	t Acceptable)		
TAMPA F	HEATFIELD PL/ 1.33624	AUE			83					
TAME AT	E OODET				84	City			8 5	Zip Code
						•			FL	,
11. Pursuant to or registere	o the provisions o ed agent, or both,	of Sections 607.0502 ar , in th p State of Florida.	nd 607.1508, Florida S t Such change was <u>a</u> uth	atutes, the lorized by t	above-r the corpo	namedico oration's	rporation submits this statement board of directors. I hereby acce	for the purpos pt the appointi	se of changing it ment as register	s registered office red agent. I am
Į.	tr, av Uniccept tha	e of lightions of, Section	1607.0505, Florida Stat John	.5~~+	+-	1).	and I look		2-10-	96
SIGNATURE	Styre inc. typed or prid	oil nan e of registered agent and	of the if applicable	(NOTE: Regis	stered Agen	t signature re	resident aquired when reinstatings		DATE	
12.	INITIA (~	OFFICERS AND I	DIRECTORS DELETE		13.		ADDITIONS/CHANGE	S TO OFFICE	RS AND DIREC	
TITLE NAME	P/D/C/M SCOTT, JOH				1. 1 TITLE 1.2 NAME				L.J Onang	je 🔲 rassilion
STREET ADDRESS		TFIELD PLACE			1.3 STREET	ADDRESS				
CITY - ST - ZIP	TAMPA FL 3	3624			1.4 CITY - S	1 - ZIP				
31f_f	Treasure	c/5/T	☐ DELETE		2 1 TITLE				☐ Chang	ge Addition
NAME	Andrea 15802	Scott WheatField	PL		2 2 NAME 2 3 STREET	ADDRESS				
STREET ADDRESS CHY-S1-ZIP	Tampa	FL 336			2 4 CITY-S					
TITLE	Director	**	DELETE		3 1 THTLE				Chang	ge 🔲 Addition
NAME		scott	0.1		32 NAME					
SPREEL ADURESS	Tampa	Wheatfield 1 FL 3362			33 STREET					
CHY-S1-ZIP TILLE	TOTAL POL		DELETE		3.4 CITY - S 4. 1 TITLE	1 - <i>[</i> (P			☐ Chang	ge Addition
NAM:					4.2 NAME					-
STREET ADDRESS				- 1	43 STREET	AODRESS				
CIY St Z->			ED BOSSS		4 4 CITY - S	T-ZIP				no [] Addition
BITLE NAME			☐ DELETE		5 1 TITLE 5 2 NAME				☐ Chan	ge 🖺 Addition
NAME STREET ADDRESS					5 3 STREET	ADDRESS				
CITY - ST- ZIP					5 4 CITY - S					
THEF			DELETE		6 1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge 🔲 Addition

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 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, of on an attachment with an address.

SIGNATURE:

John Scott

2-10-96

813-269-066

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

DOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-17-96 813-269-0660

CR2E034 (12/95)