

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000028118 (3)**
1. Corporation Name

ADVANTAGES IN MEMBERSHIP, INC.

FILED
Jul 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2701 W. BUSCH BOULEVARD STE 205 TAMPA FL 33618 US		Mailing Address 2701 W. BUSCH BOULEVARD STE 205 TAMPA FL 33618 US	
2. Principal Place of Business 21 2701 W. BUSCH BOULEVARD		2a. Mailing Address 26 2701 W. BUSCH BOULEVARD	
Suite, Apt. #, etc. 22 SUITE 200		Suite, Apt. #, etc. 27 SUITE 200	
City & State 23 TAMPA, FLORIDA		City & State 28 TAMPA, FLORIDA	
Zip 24 33618	Country 25 US	Zip 29 33618	Country 30 US

3. Date Incorporated or Qualified 04/01/1996	
4. FEI Number 59-3372231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**SIMMONDS, JOHN E
2701 W. BUSCH BOULEVARD
SUITE 118
TAMPA FL 33618**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DEMARE, WILLIAM J		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14702 CLAREDON DRIVE		1.2 NAME	Fagan, Douglas M.	
CITY-ST-ZIP	TAMPA FL 33624		1.3 STREET ADDRESS	10006 Bennington Drive	
TITLE	D	DELETE	1.4 CITY-ST-ZIP	Tampa, FL 33626	
NAME	GRIMES, PAUL R		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10513 86TH AVENUE NORTH		2.2 NAME		
CITY-ST-ZIP	SEMINOLE FL 32842		2.3 STREET ADDRESS		
TITLE	D	DELETE	2.4 CITY-ST-ZIP		
NAME	KRASNICKI, ROBERT F		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4801 BROWNWOOD CT		3.2 NAME		
CITY-ST-ZIP	TAMPA FL		3.3 STREET ADDRESS		
TITLE	D	DELETE	3.4 CITY-ST-ZIP		
NAME	SIMMONDS, JOHN E		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3211 CONCORD WAY		4.2 NAME		
CITY-ST-ZIP	PLANT CITY FL 33624		4.3 STREET ADDRESS		
TITLE	D	DELETE	4.4 CITY-ST-ZIP		
NAME	ROSS, ESTELLE W		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5206 FAIRWAY ONE DRIVE		5.2 NAME	Bartoo, Michael D	
CITY-ST-ZIP	VALRICO FL 33625		5.3 STREET ADDRESS	1967 Spanish Oaks Drive S.	
TITLE		DELETE	5.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
NAME			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

[Signature]

7/8/98

815-932-1301

CR2E034 (5/98)