

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

APPROVED  
AND  
FILED

97 APR 14 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000034268 (8)**

1. Corporation Name

**ADVANCED INVESTMENT TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

**311 PARK PLACE BOULEVARD STE 330  
CLEARWATER FL 34619**

**311 PARK PLACE BOULEVARD STE 330  
CLEARWATER FL 34619-3923**

3. Date Incorporated or Qualified

**04/18/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **311 PARK PLACE BLVD**

26 **311 PARK PLACE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 250**

27 **SUITE 250**

City & State

City & State

23 **CLEARWATER, FL**

28 **CLEARWATER, FL**

Zip

Country

Zip

Country

24 **34619**

25

29 **34619**

30

9. Name and Address of Current Registered Agent

**RUGG, JOSEPH W  
201 NO FRANKLIN STREET STE 2100  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

**NRAI Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)

**526 E. Park Avenue**

83

**Tallahassee, FL 32301**

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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

**Robert D. Pishcer, Assistant Secretary**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARR, DEAN S</b>	
STREET ADDRESS	<b>311 PARK PLACE BOULEVARD STE 330</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>600002142726--S</b>	
1.3 STREET ADDRESS	<b>-04/15/97--01001--014</b>	
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (if changed), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-97**

**(813)799-3671**

Date

Daytime Phone #

CR2E034 (9/96)