**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90136 048 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600034268

1, Corporation Name

ADVANC	ed investment technol	.OGY, INC.									
Principal Place of Business Mailing Address										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
311 PARK PLACE BOULEVARD STE 250 311 PARK PLACE BOULEVARD STE											
CLEARWATER FL 34619 CLEARWATER FL 34619							DO NOT IME		00405		
· /					L	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
	•	•					18/1996	) 			
Principal Place of Business     2a. Mailing Address				4	. FEI N			Apr	lied For		
26			_				Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_   :	5. Certif	fcate of Status Desired		<b>\$8.75</b> A Fee Red		
City & State	9	City & State	-			Electi	ion Campaign Financing		\$5.00	May Be	
23		28					Fund Contribution		Added to		
Zip	3759 Country Zip Cour 29 33759 30				8	8. This corporation owes the current year Intangible Personal Property Tax.   Yes   No					
9. Name and Address of Current Registered Agent					10		e and Address of New	Registered	Agent		
	J. 110/110 4110 110/100		81	Nam	1e						
CASE, DOUGLAS W 5666 STAG THICKET LANE PALM HARBOR FL 34695											
				Stree	et Address (	ddress (P.O. Box Number is Not Acceptable)					
					<del></del>						
				L							
								FL	85 Zip C		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was author	orized by	the cor	ed corporati rporation's l	on subn board of	nits this statement for the figure of the first think the firs	e purpose of ept the appoi	changing its on the changing its of the change its change its change its change its change its change its changing its cha	registered pistered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered agent and title if applicable.					ored Agent signature required when reinstating) . DATE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.		ID DIRECTORS  ☐ DELETE	13.			ADDII	IONS/CHANGES TO O	FFICERS AP	Change	Addition	
TITLE	D DEAN C	□ Dece ie	1.1 TITLE		ļ				Uz onango		
NAME	BARR, DEAN S	1.2 N/			Su	ite	250			;	
OL FARMATER EL 00750			1.3 STREE		ss		<u> </u>				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP					☐ Change	Addition	
TITLE			2.1 TITLE						□ change	☐ Wadinon ;	
NAME	CASE, DOUGLAS W										
STREET ADDRESS	0		2.3 STREE	ADDRES	ss					ļ	
CITY-ST-ZIP	CLEARWATER FL 33759		2. 4 CITY-5	T-ZIP							
TITLE	ST	☐ DELETE	3.1 TITLE				` • •		~ Change	Addition	
NAME	STYPUL, BRYAN	<b>1</b>	3.2 NAME								
STREET ADDRESS	311 PARK PLACE BLVD, STE 2	250	3.3 STREE	T ADDRES	ss						

6.4 CITY-ST-ZIP 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

**CLEARWATER FL 33759** 

☐ Addition

☐ Addition

☐ Addition

Change

Change

☐ Change