

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000044055**

Corporation Name

ADVANCE SYSTEMS CONSULTANTS, INC.

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90007 008 ***558.75



Principal Place of Business
**116 E EL CAMINO REAL
LAKELAND FL 33813**

Mailing Address
**4116 E EL CAMINO REAL
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3527 Rosslare Lane	2a. Mailing Address 3527 Rosslare Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33803	Zip 33803
Country USA	Country USA

3. Date Incorporated or Qualified 05/17/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3381622	
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMAS, STEPHEN L
4116 E EL CAMINO REAL
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D THOMAS, STEPHEN L	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 4116 E EL CAMINO REAL		1.2 NAME Thomas, Stephen L	
3. CITY-ST-ZIP LAKELAND FL 33813		1.3 STREET ADDRESS 3527 Rosslare Lane	
		1.4 CITY-ST-ZIP Lakeland, FL 33803	
4. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		2.2 NAME	
6. CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
7. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		3.2 NAME	
9. CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
10. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		4.2 NAME	
12. CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		5.2 NAME	
15. CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
16. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		6.2 NAME	
18. CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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 REQUIRED

7-6-99

941-647-1421

CR2E034 (5/99)