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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILED Apr 28 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000046206 (4) ADVANCE TRANSMISSIONS, INC. Principal Place of Business Mailing Address 121 CHICAGO WOODS CR. 121 CHICAGO WOODS CR. ORLANDO FL 32824 ORLANDO FL 32824 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 2202 S. Florida Ave Sulte, Apl. #, etc. 26 59-3382050 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Lakelana 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 Personal Property Tax due June 30. Yes 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** ROBINSON, PAMELA 121 ÓHICAGO WOODS CR. 82 ORLANDO FL 32824 83 1508, Florida Matules, the above-named corporation submits this statement for the purpose of changing its Tegistere Such obtained was authorized by the corporation's board of directors. I hereby accept the appointment as registered accion 607.0505, Florida Statutes Pursuant to the provisions of Sections 807,0502 and 8 office or registered agent, agent. I am familiar with SIGNATURE 12. VD DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition ROBINSON, PAMELA NAME 12 NAME 121 CHICAGO WOODS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ORLADNO FL CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 21 TITLE P/D/5 Change Addition Timothy Crisante NAME 22 NAME 3720 molona Dr. STREET ADDRESS 2.3 STREET ADDRESS 328<u>3</u> Orlando CITY-ST-ZIP 2. 4 CiTY-ST-ZIP ☐ DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Addition 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 eccurate 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 ecceiver 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 artifices.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELET**E**

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