

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P96000060270 (1)

1. Corporation Name

ADVENT SOUTH, INC.

Principal Place of Business

690 NW 157TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address

690 NW 157TH AVENUE
PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

65-0741140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BEASLEY, THOMAS H
690 NW 157TH AVENUE
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BEASLEY, THOMAS H
STREET ADDRESS 690 NW 157TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ DELETE

TITLE D
NAME GUBERNICK, MARVIN
STREET ADDRESS 7664 NW 18TH ST STE 406
CITY-ST-ZIP MARGATE FL 33063 ☒ DELETE

TITLE D
NAME PSYZK, MICHAEL
STREET ADDRESS 2805 NW 70TH AVENUE
CITY-ST-ZIP MARGATE FL 33063 ☒ DELETE

TITLE D
NAME MORTATI, TOM
STREET ADDRESS 395 BEACON ST
CITY-ST-ZIP TEQUESTA FL 33469 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME George Jones ☐ Change ☒ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Miami, FL

2.1 TITLE Director
2.2 NAME Gifford Spence
2.3 STREET ADDRESS 640 SW 94th Terrace
2.4 CITY-ST-ZIP Pembroke Pines, FL 33120 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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: *Thomas H. Beasley*

Thomas H. Beasley 4/21/98

CR2E034 (10/97)