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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secrétagမည် State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000040270

8104 SW 206 Terrace

Miami, FL 33189-2625

ADVent South, Inc.

Principal Place of Business

Mailing Address

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90061 003 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

					07/17/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Α [	oplied For
21		26			65-0741140		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional
22 27					5. Certifcate of Status Desired	,	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution		to Fees
- Zip -	Country	Zip	Count	у	- 8.—This corporation owes the current year Inta	angible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name			
'			8	1 Name	ı		
Beasley, Thomas H.				82 Street Address (P.O. Box Number is Not Acceptable)			
8104 SW 206 Terrace				83			
Miami, FL 33189-2625				3			8
,			8	4 City		85 Zip	Code
					F <u>L</u>		<u> </u>
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			ent signature	required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	PD	☐ DELETE				Change	☐ Addition
NAME	Beasley, Thomas H.		1.2 NAME				
STREET ADDRESS	8104 SW 206 Terrace		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	Miami, FL 33189		1.4 CITY-				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE	D	□ <b>X</b> DELETE	3.1 TITLE			Change	Addition
MANC ~ -	-Gubernick, Marvin		3.2 NAME			~	
STREET ADDRESS	7664 NW 18th ST. ST	E 406	3.3 STRE	ET ADDRESS			}
CITY-ST-ZIP	Margate, FL 33063		3.4. CITY-	ST-ZIP			
TITLE	Dezyk, Michael	□ <sub>X</sub> DELETE	4.1 TITLE			Change	☐ Addition
NAME	Pszyk, Michael		4. 2 NAME	į			
STREET ADDRESS	2805 NW 70th Ave.		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	Margate, FL 33063		4.4 CITY-	ST-ZIP			
TITLE	D	X) DELETE				Change	☐ Addition
NAME	Mortati, Thomas		5.2 NAME				
STREET ADDRESS	395 Beacon ST.		53 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	Tequesta, FL 33469	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(305)348-2714

32F034 (11/98)