**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90224 030 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000069935

1. Corporation Name

ADVANTAGE FINANCIAL SERVICES, INC.

_								
Principal Plac	e of Business	Mailing Address						
208 SW 28TH AVE P O BOX 7782								
DELRAY BEACH FL 33445 DELRAY BEACH FL 33482						DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualifed	FACE	·····
						08/20/1996		
2 Principal D	Place of Rusiness	2a. Mailing Address				4. FEI Number	Apr	plied For
——————————————————————————————————————						65-0689878		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	uite. Apt. #. etc.				\$8.75 A	
22 27						5. Certifcate of Status Desired	Fee Re	
City & Staf	City & State	State			6. Election Campaign Financing	\$5.00	May Re	
23		<u></u>	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ntry	······································	8. This corporation owes the current year Intar	ngible	
24	25	29	30					□No
	9. Name and Address of Curr		1			10. Name and Address of New Registered A	gent	
				81	Name			
	FSKY, KAREN J			92	Chant Addr	and (D.O. Poy Number is Not Acceptable)		
208 SW 28TH AVE				82 Street Address (P.O. Box Number is Not Acceptable)				Ì
DEL	RAY BEACH FL 33445			83				
							l 1 - <del>- 1</del>	
				84	City	FL	85 Zip C	code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the obli	te of Florida. Such change was a	uthorized	by i	the corporatio	oration submits this statement for the purpose of c in's board of directors. I hereby accept the appoint	hanging its ment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	need and title if applicable (NOTI	· Registered	Agent	t signature required	when reinstating) DATE		—
12.		AND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DVS			LΕ		<del></del>	Change	☐ Addition
NAME	SHEFSKY, DAVID I		1.2 NA	ME				
STREET ADDRESS	208 SW 28TH AVE		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	DELDAY BEACH EL COMAS		1.4 CF	Y-ST	r-ZIP			}
TITLE	PT						Change	Addition
NAME	SHEFSKY, KAREN J			ME				
STREET ADDRESS	OOD CHI OOTH AVE		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445		2 4 Cl		1			
TITLE		☐ DELETE	3.1 717				Change	Addition
NAME			3.2 NA					•
STREET ADDRESS			i i		ADDRESS			
CITY-ST-ZIP			3.4. CI					
TITLE		DELETE	4.1 T/I				Change	☐ Addition
NAME			4 2 N					
					ADORESS			
STREET ADDRESS			4.5 5 i		i	•		
CITY-ST-ZIP TITLE		DELETE	5.1 111		- LIF		Change	☐ Addition
			5.2 NA					_,
NAME					ADDRESS			
STREET ADDRESS			5.4 CI		1			}
CITY-ST-ZIP TITLE	<del> </del>	☐ DELETE	6.1 TIT				Change	Addition
NAME			6.2 NA					
					ADDRESS			
STREET ADDRESS								

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

561-274-8477