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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## **FILED** Jan 20 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS DOCUMENT # P96000072307 (7) A.I.R. - ADVANCED INFO RESOURCE, INC. Principal Place of Business Mailing Address 307 WICKHAM CT 1020 N ORLANDO AVE. LONGWOOD FL 32779 SUITE U WINTER PARK FL 32789-2254 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 5594 59-3398652 Not Applicable Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be onanoo 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 32791-5594 30 IJSA Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STALNAKER, GILMA N 307 WICKHAM CT 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 City Zip Code 85 FI 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 title it applicable (NOTE. Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change NAME STALNAKER, ROBERT G 1.2 NAME CR2E034 307 WICKHAM CT. STREET ADDRESS 1,3 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STALNAKER, GILMA N NAME 2 2 NAME 307 WICKHAM CT. STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32779 12. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADORESS :3.3 STREET ADDRESS CITY-\$T-ZIP -3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4,1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for tife 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: