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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

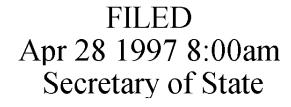
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075991 (5)

ADVANCED REALTY CENTER, INC.

Principal Place of Business	Mailing Address		
102 TEMPLE STREET INVERNESS FL 34452	MANTEMPLE OF TREETY X INCENSES EL SALEZATAS XXXXXXXXXXXXXXXX		





Principal Place of Business Mailing Address				
102 TEMPLE STREET INVERNESS FL 34452 WEDNESS FL 34452				
			3. Date Incorporated or Qualified 09/12/1996	3a. Date of Last Report
 	2a. Mailing Address		4. FEI Number 59-3440737	Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		39-3440737	Not Applicable \$8.75 Additional
22	P.O. Box	527	5. Certificate of Status Desired	Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	Hernando,	F1. 34442		Added to Fees
Zip Country	Σip 3 4442	Country	8. This corporation has liability for in	
24 25 2 9. Name and Address of Current Re		30 CITRUS		Yes No
	Bisteled Whelit	81 Name	10. Name and Address of New Reg	Jistered Agent
RICHMOND, MARIE A 102 TEMPLE STREET				<u> </u>
INVERNESS FL 34452		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)
HITCHIEGO I E OTTOE		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 an office or registered agent, or both, in the State of I agent, I am familiar with, and accept the obligation	d 607 1508, Florida Statu Iorida. Such change was	les, the above-named of authorized by the corp	corporation submits this statement for the proporation's board of directors. I hereby accept	urpose of changing its registered
agent, I am familiar with, and accept the obligation SIGNATURE	is of, Section 607.0505, FI	orida Statutes.		
Signature, typed or printed name of registered aspent are		E: Registered Agent signature r	equited when reinstating)	DATE
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICE	
NAME RICHMOND, MARIE A	☐ DETEJE	1.11011		Change Addition
144 701404 7 674077		1.2 NAME		
MUSEUMENO DI ALLEA		13 STREET ADDRESS		
CITY-ST-ZIP INVERINESS FL 34452	DELETE	1.4 CHY-ST-7(P 2.1 THUE		Change Addition
NAME		2.2 NAME		Change Addition
STREET ADDRESS		23 STREET ADDRESS	·	
CITY-ST-ZIP		2 4 CHY-S1-ZIP		
TITLE	☐ DECETE	3.1 Till (Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-\$1-7IP		
TITLE	☐ DELETE	4.1 10116		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Dur	4.4 Crity - S1 - ZIP		
TITLE	DELETE	5 TITLE		L_ Change Addition
NAME OVDECT ADDDECC		5.2 NAML		
STREET ADDRESS		5.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	54 CDY-S1-7/P 61 104E		Change Addition
NAME	<u> </u>	62 NAME		C Surange C Madition
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CHY-SI-ZiP		

14. I do 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 suppliemental 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.