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Jul 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Brenda B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # : P96000076952
 1. Corporation Name

ADVANCED CHIPS, INC.

Principal Place of Business **Mailing Address**

4500 - 140th Avenue North
 Suite 101
 Clearwater, FL 34622

3. Date Incorporated or Qualified **3a. Date of Last Report**
 9/16/96 9/23/96

2. Principal Place of Business **2a. Mailing Address**

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30		30	

4. FEI Number **Applied For**
 59-3402317 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 has liability for intangible tax under s. 199.032, Florida Statutes **Yes** **No**

9. Name and Address of Current Registered Agent

Thomas W. Ruggles
 603 Indian Rocks Road
 Belleair, FL 34616

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	Steven Engelhardt P,D	
CITY- ST- ZIP	4500 - 140 Ave. N, Ste. 101	
	Clearwater, FL 34622	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	Paul Engelhardt VP,S,T,D	
CITY- ST- ZIP	4500 - 140th Ave. N., Ste. 101	
	Clearwater, FL 34622	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	Kevin O'Donoghue D	
CITY- ST- ZIP	4500 - 140th Ave. N., Ste. 101	
	Clearwater, FL 34622	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	70000223346
5.3 STREET ADDRESS	-07/09/97--01024--010
5.4 CITY- ST- ZIP	***558.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- 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 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; that I am authorized 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 in an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR