

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082531 (0)

1. Corporation Name

ADVANCED PARADIGM GROUP INCORPORATED

Principal Place of Business

1097 HOWELL HARBOR DRIVE
CASSELBERRY FL 32707-5800

Mailing Address

1097 HOWELL HARBOR DRIVE
CASSELBERRY FL 32707-5800

3. Date Incorporated or Qualified

10/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 1096 HOWELL HARBOR DR

Suite, Apt. #, etc.

22 City & State

23 CASSELBERRY FL

Zip

Country

24 32707

25 USA

2a. Mailing Address

26 1096 HOWELL HARBOR DR

Suite, Apt. #, etc.

27 City & State

28 CASSELBERRY FL

Zip

Country

29 32707

30 USA

4. FEI Number

59-3406875

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

ROBEY, ROBERT L
1097 HOWELL HARBOR DRIVE
CASSELBERRY FL 32707-5800

10. Name and Address of New Registered Agent

81 Name
ROBERT L. ROBEY
82 Street Address (P.O. Box Number is Not Acceptable)
1096 HOWELL HARBOR DR
83
84 City
CASSELBERRY FL 85 Zip Code
32707

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT L. ROBEY	
1.3 STREET ADDRESS	1096 HOWELL HARBOR	
1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRACE N. GORMAN	
2.3 STREET ADDRESS	538 STARSTONE DR	
2.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRACE N. GORMAN	
3.3 STREET ADDRESS	538 STARSTONE DR	
3.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
4.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RYAN PASCUA	
4.3 STREET ADDRESS	5086 BLACKWELL LANE	
4.4 CITY-ST-ZIP	SANFORD, FL 32771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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:

Robert L. Robey PRESIDENT

1-6-96 407.696.5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)