

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082531 (0)

1. Corporation Name

ADVANCED PARADIGM GROUP INCORPORATED



Principal Place of Business 1096 HOWELL HARBOUR DR CASSELBERRY FL 32707 US	Mailing Address 1096 HOWELL HARBOUR DR CASSELBERRY FL 32707 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1097 HOWELL HARBOR DR Suite, Apt. #, etc. 22 City & State 23 CASSELBERRY FL Zip 24 32707-5800 USA		2a. Mailing Address 26 1097 HOWELL HARBOR DR Suite, Apt. #, etc. 27 City & State 28 CASSELBERRY, FL Zip 29 32707-5800 USA		3. Date Incorporated or Qualified 10/02/1996	
		4. FEI Number 59-3406875		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ROBEY, ROBERT L 1096 HOWELL HARBOR DR CASSELBERRY FL 32707				10. Name and Address of New Registered Agent	
				81 Name ROBERT L. ROBEY	
				82 Street Address (P.O. Box Number is Not Acceptable) 1097 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PC
NAME	ROBEY, ROBERT L.	1.2 NAME	ROBEY, ROBERT L.
STREET ADDRESS	1096 HOWELL HARBOR	1.3 STREET ADDRESS	1097 HOWELL HARBOR DR
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707-5800
TITLE	ST	2.1 TITLE	ST
NAME	GORMAN, GRACE N.	2.2 NAME	GORMAN, GRACE N.
STREET ADDRESS	528 STARSTONE DR	2.3 STREET ADDRESS	528 STARSTONE DR
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LAKE MARY, FL
TITLE	VP	3.1 TITLE	SD
NAME	PASCUA, BRYAN	3.2 NAME	THOMPSON, TED
STREET ADDRESS	5088 BLACKNELL LANE	3.3 STREET ADDRESS	7008 KENSINGTON HIGH BLVD
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	ORLANDO FL 32818
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ 4-1-98 1107.696 5254

CR2E034 (10/97)