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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000087905**

ADVANCED DESIGN GROUP, INC.

7,017,110	ED DESIGN GITCOT, INC		· · · · · ·			
Principal Place	e of Business	Mailing Address				
1996 INDIAN TRAILS CT		1996 INDIAN TRAILS CT				
LAKELAND FL 33813		LAKELAND FL 33813		DO NOT WRITE IN THI	S SPACE	
US		US				0 01 7102
	•				Date Incorporated or Qualifed     10/24/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2983098	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22						
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23	,	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	ntangible □Yes XNo
24	25	29	30		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	a Agent
	\$2. (1) File (1) 487.		81	Name	·	
NGU 1996	IYEN, CUONG N INDIAN TRAILS CT		82	Street A	Address (P.O. Box Number is Not Acceptable)	
	ELAND FL 33813		83	-	(新古) 人名英西西蒙斯 <b>斯</b>	\$ 16 B 16
		1 to			146 (147 - 26 ) 4 (14 (14 (14 (14 (14 (14 (14 (14 (14 (	\$1 \$11 16 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
			84		F	85 Zip Code
ange experience	747 C 7 7	0 4.007.4509 Tladda Stotute	no the above	n-named o	the this statement for the purpose	of changing its registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was at	uthorized by	tne corpo	ration's poster of directors, thereby accept the app	Official do regione of
⊖≶ agent.la	im familiar with, and accept the obliga	tions of; Section 607.0505, Flor	nua Giatules		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE:	Registered Ager		souired when reinstating). DATE	
⊖≶ agent.la	am familiar with, and accept the obligation of t	nt and title if applicable. (NOTE:	Registered Ager		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered age  OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ager		souired when reinstating). DATE	AND DIRECTORS IN 12
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS