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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90004 011 ***150.00

1. Corporatio	n Name	00000					
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ADVANC	ED UNULUGIT CENTER OF	r volusia, r.a.			1 1 1 1 2 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1		
Principal Plac	e of Business	Mailing Address					I AHIBA YUH IBAI
·		-					•
633 DUNLAWTO SUITE 2	JN AVENUE	633 DUNLAWTON AVENUE SUITE 2				•	
PORT ORANGE	FL 32127	PORT ORANGE FL 32127	-		DO NOT WRITE IN	THIS SPACE	
	-244				3. Date Incorporated or Qualifed	•	•
•					01/01/1997		·
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	<u> </u>	pplied For
21		26		•	58-2280067		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & Stat	WENTERS.	City & State			1		<u> </u>
23		28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		This corporation owes the current year		IO Fees
24	25		30		Personal Property Tax.	I intangible ☑ Yes	□No
241	9. Name and Address of Curre	I I			10. Name and Address of New Registe		
			81 Na	ne			
	PRA, RAMESH K		82 Str	oot Addro	ess (P.O. Box Number is Not Acceptable)		
	DUNLAWTON AVENUE	ě	02 511	ser van	ss (F.O. Box Number is Not Acceptable)		
🦟 SUIT			83				
🎠 POR	T ORANGE FL 32127		84 Cit				Code
			04 Cit	•	Ĩ	FL 85 Zip	Code .
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above-nan	ed corpo	pration submits this statement for the purposen's board of directors. I hereby accept the a	e of changing its	registered
agent. I a	registered agent for both, in the State im familiar with and accept the obliga	e of Florida. Such change was aut ations of, Section 607.0505, Florid	thorized by the c da Statutes.	orporatioi	n's board or directors. I hereby accept the a	ppointment as re	egisterea
SIGNATURE							
	Signature, typed or printed name of registered age		Registered Agent signa	ure required			
12,	SENT OFFICERS AF	ND DIRECTORS	13.	- 1	ADDITIONS/CHANGES TO OFFICER		
TITLE	D		1.1 TITLE				
NAME	CHOPRA, RAMESH K		4.0.444.00	,		Change	☐ Addition
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		TE 2	1.3 STREET ADDR	: ESS		∐ Change	☐ Addition
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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.

SIGNATURE: