

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90004 014 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000020944**

1. Corporation Name

**ADVANCED VERIFICATION SYSTEMS INC.**



Principal Place of Business

8617 E COLONIAL DR  
SUITE 1500  
ORLANDO FL 32826  
US

Mailing Address

1752 BRANCHWATER TRAIL  
ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/03/1997**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3431948**

Applied For

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 owes the current year  
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

**COWART, MONICA  
1752 BRANCHWATER TRAIL  
ORLANDO FL 32825**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Monica B. Cowart*  
Signature, typed or printed name of registered agent and title if applicable.

*Monica B. Cowart*  
(NOTE: Registered Agent signature required when reinstating)

*7-6-99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **COWART, MONICA**  
STREET ADDRESS **1752 BRANCHWATER TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **TD** ☐ DELETE  
NAME **COWART, ROBBY**  
STREET ADDRESS **1752 BRANCHWATER TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Monica B. Cowart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2498248*  
Daytime Phone #

CR2E034 (5/99)

P97000020944  
594558-90004-14

TO WHOM IT MAY CONCERN:

This week I received a notice that was classified second notice for the corporation annual report. I never received the first copy of this annual report and now I owe a penalty for this amount. I talked with my accountant and he said to write you a letter stating that I never received the first notice and to enclose the original amount of \$150.00. Please accept my apologies for any inconvenience this may have caused. I appreciate your help.

Thanks,



Monica B. Cowart  
President