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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027812 (1)

CO-ADVANTAGE RESOURCES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Division I Divi								
Principal Place of Business Mailing Address							(SANT ININE IC	316 ilet 1981
1411 EDGEW/ ORLANDO FL		1411 EDGEWATER DRIV ORLANDO FL 32804	1411 EDGEWATER DRIVE ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						03/27/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21 26						59-3434670	N	ot Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22 27 2 0 3 City & State City & State							Fee R	equired
23	City & State	State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7 <sub>ID</sub>	Zip         Country         Zip		Country			Trust Fund Contribution		
24	25	29	30	<del>-</del>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
	g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
НЕ	WITT, BENJAMIN R			81	Name	10.		
1411 EDGEWATER DRIVE								
ORLANDO FL 32804				82 Street Address (P.O. Box Number is Not Acceptable)		ss (P.O. Box Number is Not Acceptable)		
]			ľ	83			<del></del>	
				_				
				B4	City	FL	1 1 1	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the ab	ove	-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing i	ts registered
agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ne of Florida, Such change was ligations of, Section 607.0505, F	authorizeo Iorida Stati	a by utes.	the corporation	on's board of directors, I hereby accept the appo	intment as	registered
SIGNATURE	·							Ì
Signature, typed or profest name of registered agent and little if applicable (NOTE					nt signature required	d when reinstating) DATE		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TIT		•		L Change	Addition
NAME	WILLIAMS, DAYNE		1.2 NA					
STREET ADDRESS	1014 GUENSEY ST.				ADORESS			į.
CITY-ST-ZIP TITLE	ORLANDO FL 32804	DELETE	1.4 CIT		- ZiP		<u> </u>	F-14.000
l J	D D	□ DELETE	2.1 TIT				☐ Change	Addition
NAME	GOIN, BRUCE		2.2 NA					
STREET ADDRESS	1262 MERCEDES PLACE ORLANDO FL 32804				ADDRESS	· -		
CITY-ST-ZIP TITLE	D	DELETE	2.40 DELETE 3.1TI		T- ZIP		Change	Addition
NAME	•						Change	☐ Addition
STREET ADDRESS	1411 EDGEWATER DRIVE		3.2 NA					
l [	OPI ANDO EL COCA				ADORESS			
CITY-ST-ZIP TITLE	CINEMINO PL DEDUT	DELETE	34. CI DELETE 4.1 TH		1-211		Change	Addition
NAME		DELLIE					Criangle	L Addition
STREET ADDRESS			4. 2 NA		1000000			j
CITY-ST-ZIP					ADDRESS			
TITLE		DELETE	4.4 CIT	-	- ZIP		Channa	- Addition
NAME		C) OUTLIE	5.1 TIF			'	☐ Change	☐ Addition
. I			5.2 NA		1000000			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 4 CIT		- ZIP		Change	Apparate
NAME		C Detert	6.1 111				Change	☐ Addition
I .			6.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-	- ZIP			

14. I hereby certify that the information supplied indicated on this annual report or suppliered officer or director of the corporation or the Block 12 or Block 13 if changed or on again. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tall annual report is tree and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acceptor or trustee importance to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in