

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**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90145 022 \*\*\*150.00

DOCUMENT # **P97000038210**

1. Corporation Name

**ADVANCED FUTURE TECHNOLOGIES, INC.**



Principal Place of Business

Mailing Address

**604-B NORTH "G" STREET  
LAKE WORTH FL 33460**

**604-B NORTH "G" STREET  
LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1997**

2. Principal Place of Business

2a. Mailing Address

**21 1401 ALLENDALE RD**

**26 1401 ALLENDALE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite D**

**27 Suite D**

City & State

City & State

**23 WEST Palm Bch FL**

**28 W. Palm Bch FL**

Zip

Country

Zip

Country

**24 33405 25 USA**

**29 33405 30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VADASZ, JEFFREY L  
604-B NORTH "G" STREET  
LAKE WORTH FL 33460**

81 Name

**JEFFREY L. VADASZ**

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

**1401 ALLENDALE RD Suite D**

83

84 City

**W. Palm Bch**

FL

85 Zip Code

**33405**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **VADASZ, JEFFREY L**  
STREET ADDRESS **604-B NORTH "G" STREET**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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: **Jeffrey L. Vadasz** **4-20-99** **561-242-0881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)