

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

FILED  
May 04 1998 8:00am  
Secretary of State

DOCUMENT # P97000042551 (6)

1. Corporation Name

ADVANCED KNOWLEDGE SOLUTIONS, INC.



Principal Place of Business

1980 US HWY 1 SOUTH  
SUITE 19  
SAINT AUGUSTINE FL 32086

Mailing Address

1980 US HWY 1 SOUTH  
SUITE 19  
SAINT AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3446226

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 808 BASS AVE

Suite, Apt. #, etc.

City & State

23 NEW SMYRNA BEACH, FL

Zip

24 3

Country

25

2a. Mailing Address

26 2250 N. ROCK Rd

Suite, Apt. #, etc.

27 SUITE 118-278

City & State

28 WICHITA, KS

Zip

29 67226-2325

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MICHAEL TAUTKUS

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

808 BASS AVE.

83

84 City

NEW SMYRNA BEACH, FL

85 Zip Code

32169

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

*Michael R. Tautkus*  
Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating)

PRESIDENT

4-21-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PSTD  
STREET ADDRESS TAUTKUS, MICHAEL R  
CITY-ST-ZIP 1980 US HWY 1 S, STE 19  
SAINT AUGUSTINE FL 32086

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

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

*Michael R. Tautkus*  
Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating)

PRESIDENT

4-21-98 31 808-2843

CR2E034 (10/97)