## 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

## DOCUMENT # **P97000042551**1. Corporation Name

ADVANCED KNOWLEDGE SOLUTIONS, INC.

OOO DACE AVENUE	2250 N ROCK RD
808 BASS AVENUE SUITE 19	SUITE 118-278
NEW SMYRNA BEACH FL 32169	WICHITA KS 67226-325 US
00	00

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90071 032 \*\*\*150.00



Principal Place	of Business	Mailing Address							
BOB BASS AVEN	IUE	2250 N ROCK RD							
SUITE 19	DEACH EL DOLCO		SUITE 118-278			DO NOT WRITE IN THIS SPACE			
NEW SMITHNA I US	BEACH FL 32169	WICHITA KS 67226-325 US				3. Date Incorporated or Qualifed			
00		••				05/14/1997		-	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				59-3446226	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional	
12		27				5. Certificate of Status Desired	Fee R	Required	
City & State	•	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	_			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.		No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Regis	stered Agent		
				81 Na	me			}	
	TKUS, MICHAEL			82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		_:	
	BASS AVENUE								
NEW	SMYRNA BEACH FL 32169			83					
				84 Cit			85 Zip	Code	
				1	•	ration submits this statement for the pur	<b>FL</b>		
SIGNATURE	Signature, typed or printed name of registered age		TE: Registered	Agent signs	sture required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	
12.		ND DIRECTORS  ☐ DELETE	1,1 TI	n F	DC	TD	Change		
TITLE	PSTD		1.2 N		ر م	THUS MICHAEL R'		_	
NAME	TAUTKUS, MICHAEL R		1	TREET ADDE	17(0	TRUS, MICHAEL R. 22 BLUESTEN RD ICHITA, KS 67207		1	
STREET ADDRESS					" TO	174 TA KS 67207			
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	☐ DELETE	2.1 1	ITY-ST-ZIP	- <del>  W</del>	Carry 100 or con	Change	Addition	
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NAME			5.2 N	AME				ļ	
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TITLE		☐ DELETE	6.1 T	TLE			☐ Change	e Addition	
NAME			6.2 N	AME		•		1	
STREET ADDRESS			6.3 S	TREET ADD	RESS			1	

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.

6.4 CITY-ST-ZIP

SIGNATURE: