## 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 # P97000052036

1. Corporation Name ADVANTAGE HOUSING, INC.

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90233 027 \*\*\*150.00



<b>,</b>						
Principal Place	e of Business	Mailing Address			'il Maite Baide Stein ii fir fafes tites pist (941	
7734 FICQUETTE RD 7734 FICQUETTE RD						
WINDERMERE FL 34786 WINDERMERE FL 34786				DO NOT WRI	DO NOT WRITE IN THIS SPACE	
}				3. Date incorporated or Qualifed	2 (1.10 01.7.02	
(				06/11/1997	ļ	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3458685	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		\$8.75 Additional	
22 27			5. Certifcate of Status Desired	Fee Required		
City & State City & State =			6. Election Campaign Financing	□ \$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the cum	ent year Intangible ☐ Yes 【XXNo	
24	25	29 3	<u>ol</u>	Personal Property Tax.  10. Name and Address of New R		
	9. Name and Address of Curre	ir vedistaren videur	81 Name	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
OST	ERBERG, DAVID			Patti Kvitkau		
7733 TURKEY LAKE RD			82 Street A	ddress (P.O. Box Number is Not Accepted 1997)	(DIE)	
ORL	ANDO FL 32819		83	3 reguence	100,5	
			<u> </u>		as Zio Code	
			84 City	dermere.	FL 85 Zip Code 34786	
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						
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was authations of, Section 607.0505, Florid	norized by the corpor: la Statutes.	ation's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE	Patti Krith	couskan)	pirecto	4	11.5/99	
	Signature, typed or printed name of registered ag		egistered Agent signature req		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition	
TITLE	D DAN		1,1 TITLE		J. J	
NAME	VU, DAN		1.2 NAME 1.3 STREET ADDRESS		}	
STREET ADDRESS	1213 SHELTER RD		<b>i</b>			
CITY-ST-ZIP TITLE	ORLANDO FL 32835	DELETE	1.4 CITY-ST-ZIP		Change Addition	
NAME	VU, TRAM		2.2 NAME			
STREET ADDRESS	1213 SHELTER RD		2.3 STREET ADDRESS		İ	
CITY-ST-ZIP	ORLANDO FL 32835		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition	
NAME	KVITKAUSKAS, PATTI		3.2 NAME		Ì	
STREET ADDRESS	7734 FICQUETTE RD		3.3 STREET ADDRESS		ļ	
CITY+ST-ZIP	WINDERMERE FL 34786		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4,1 TITLE		☐ Change ☐ Addition	
NAME	OSTERBERG, DAVID	•	4.2 NAME			
STREET ADDRESS	406 FRANCINE CT		4.3 STREET ADDRESS		)	
CITY-ST-ZIP	ORLANDO FL 32824	(7 pri £že	4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		DELETE	5.1 TITLE 5.2 NAME			
NAME	•		5.3 STREET ADDRESS	•	ļ	
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition	
NAME		occ.,c	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		Ì	
9 IKEEI ADDKESS			64 CITY ST 7/D			

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 feceiver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: