Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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 # P9700060663

1. Corporation Name

ADVANCED DOCUMENT IMPRESSIONS INC.

Principal Place of Business

Mailing Address

5349 N.W. 35 AVE.

21

22

23

5349 N.W. 35 AVE.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FT. LAUDERDALE FL 33309

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

FT. LAUDERDALE FL 33309

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90200 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/11/1997 4. FEI Number

65-0770184

Zip	Country	Zip	Co	untry		8. This corpora	tion owes the cu	rent year Inta		_	
24	25	29	30			Personal Pro	perty Tax.		☐ Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
ALLTRADE BUSINESS FORMS INC. 5349 N.W. 35 AVE.					81 Name  82 Street Address (P.O. Box Number is Not Acceptable)						
FI.	Lauderdale FL 33309			83							
				84	City			FL	85 Zip	Code	
office or i	to the provisions of Sections 607.0502 a registered agent, or both, in the State of l am familiar with, and accept the obligation	Florida. Such chane	de was authorize	d bγ	the corporation	ration submits this n's board of directo	statement for the	e purpose of ept the appoir	changing its itment as re	registered gistered	
SIGNATURE			MIOTE: Desister	4 4 4 4 4 4	t signature required	when rejectation		DATE			
12.	Signature, typed or printed name of registered agent an OFFICERS AND		(NOTE: Registere	- Agen	r erAnstrice technico		HANGES TO O		D DIRECTO	DRS IN 12	
TITLE	DELETE			ITLE		,		<del></del>	Change	Addition	
NAME	LIM, STEVE			12 NAME							
STREET ADDRESS	AFAC ABAL TE DI				ADDRESS						
CITY-ST-ZIP	PARKLAND FL 33067			:ΓΥ-S1						!	
TITLE	VP		ELETE 2.1 T			78.2.1			☐ Change	☐ Addition	
NAME	PIERANTONI, DANILO		2.21	AME	]						
STREET ADDRESS	AATE 184/ 70 Ol		2.3 5	TREET	ADDRESS						
CITY-ST-ZIP	PARKLAND FL 33067		2.41	CITY-S	T-ZIP						
TITLE	VP	□ DI	ELETE 3.11	πE					Change	Addition	
NAME	FIORANI, JOSE MARIO		3.2 N	AME							
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	PARKLAND FL 33067		3.4.	CITY-S	T- ZIP						
TITLE		□ Di	ELETE 4.11	πE					☐ Change	☐ Addition	
NAME .			4:21	VAME	-				* _		
STREET ADDRESS	t t		4.3 5	TREET	ADDRESS					ļ	
CITY-ST-ZIP			4.4 (	ITY-S	-ZIP						
TITLE		☐ DI	ELETE 5.17	ΠLE					Change	☐ Addition	
NAME			52 N	AME	}	•					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				•	,	
CITY-ST-ZIP		*		ITY-S	r-zip			· · ·	• 1.		
TITLE	F-1 7 7	DI 🗆	ELETE 6.17	ITLE	1 -				Change	☐ Addition	
NAME .			6.21	IAME	1						
STREET ADDRESS			6.3 \$	TREET	ADDRESS						
CITY-ST-ZIP				ITY-S1	_						
14 I hereby	certify that the information supplied with to this annual report or supplemental ar	his filing does not	qualify for the ex-	empti	on stated in Se	ection 119.07(3)(i),	Florida Statutes	. I further cer	tify that the	information	

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 area of the corporation of 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 area of the corporation of the receiver of trustee empowered.

SIGNATURE: