

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000070928 (1)
1. Corporation Name
ADVANCED DETECTION, INC.



Principal Place of Business 1032 ODESSA DRIVE EAST JACKSONVILLE FL 32254	Mailing Address 1032 ODESSA DRIVE EAST JACKSONVILLE FL 32254
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8535 BAYMEADOWS RD Suite, Apt. #, etc. 22 STE #44 City & State 23 JACKSONVILLE FL Zip 24 32256	2a. Mailing Address 26 8535 BAYMEADOWS RD Suite, Apt. #, etc. 27 SUITE #44 City & State 28 JACKSONVILLE FL Zip 29 32256	Country 25 DUVAL	Country 30 DUVAL
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3. Date Incorporated or Qualified 08/15/1997	4. FEI Number 59-3462887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MCBRIDE, RONALD A
320 OSCEOLA AVENUE
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LAMB, STANLEY F	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 602 WINDY WAY	SIGNAL MOUNTAIN TN 37377		
TITLE VTD	HUGHES, KIRBY	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 6011 BARKLEY CREEK DRIVE	OOLTEWAH NTAIN TN 37363		
TITLE SVD	FRANKLYN, GARY	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 130 WHITE CLOUD TRAIL	MURFEESBORO TN 37127		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME TOM HENSLEY	
1.3 STREET ADDRESS 3752 SANCTUARY WAY S	
1.4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
2.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME TERRA ROWELL	
2.3 STREET ADDRESS 3752 SANCTUARY WAY S	
2.4 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____

CFR2E034 (10/97)