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**

May 04, 1999 8:00 am Secretary of State

05-04-1999 90005 048 ***150.00

DOCUMENT # P97000073859					,		
1. Corporation Name ADVANTAGE FLORIDA SERVICES CORP.							
ADVANTA	AGE FLUNIDA SENVICES C	Unr.	,) (Animal) (En Hable Ball) Anim Anim Anim Anim Anim Anim Anim Anim	 	1011 0 (801 1 08)
Principal Place	of Business	Mailing Address				i i sabo iri a i kasai i	HILE HELD COM
•		1750 NE 40TH ST					
2787 E OAKLAND PK BLVD 1750 NE 40TH ST STE 203 FT LAUDERDALE FL 33334							
FT LAUDERDALE FL 33306					DO NOT WRITE IN THI	S SPACE	
US					3. Date Incorporated or Qualifed		
		A A-Man Address			08/26/1997 4. FEI Number	· 1 Ans	olied For
	lace of Business	2a. Mailing Address			65-0787321	, 7 ''	Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.	-	 	_	\$8.75 A	
22	, etc	27			5. Certifcate of Status Desired	Fee Red	
City & State	e	City & State	· 		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	_Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year I		_ 1
24	25	29 30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	-		10. Name and Address of New Registere	d Agent	
KUL	OWICH ANDREW G		81	Name			
KOLOWICH, ANDREW G 1750 NE 40TH ST			82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33334			83				
,,,	ADDITIONEL TE GOOGY		63		·		
				City	F	85 Zip C	ode
At Durant to the amplicance of Sections CO7 0502 and CO7 1509 Floride Statutes, the at				e-named co			registered
- 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.							
J	m familiar with, and accept the obligat	ions of, Section 607.0505, Fiorida	Statutes				'
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agen	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	-	•	Change	☐ Addition
NAME	KOLOWICH, ANDREW G		1.2 NAME				
STREET ADDRESS	1750 NE 40TH ST		1.3 STREET	ADDRESS	-		1
CITY-ST-ZIP			1.4 CITY+S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ţ			
CITY-ST-ZIP			2.4 CITY-9	ST-ZIP		- Ghange -	- Addition
TITLE			3.2 NAME		• •		_
NAME STREET ADDRESS			3.3 STREET	TADDRESS			
STREET ADDRESS CITY-ST-ZIP	•		3.4. CITY-S		•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		_	4. 2 NAME				
STREET ADDRESS			4.3 STREET	TADDRESS			j
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				Ì
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	- 1916		5.4 CITY-\$	T-ZIP			
TITLE	·	☐ DELETÉ	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME 6.3 STREET	CADODEOS			
ATREET:	r		■ 6.3 STREET	CALIFORNISS !			ı

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 chapted, or on an attachment with an address, with all otherwise empowered.

SIGNATURE:

6.4 CITY-ST-ZIP