

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90122 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000103632

1. Corporation Name
ADVANCED ANALYSIS TECHNOLOGIES, INC.



Principal Place of Business 4450 BEACON DR. WEST JACKSONVILLE FL 32225	Mailing Address 4450 BEACON DR. WEST JACKSONVILLE FL 32225
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1816 St. John's Bluff Rd		2a. Mailing Address 1816 St. John's Bluff Rd		3. Date Incorporated or Qualified 01/01/1998	
21. Suite, Apt. #, etc. Suite 305		26. Suite, Apt. #, etc. Suite 305		4. FEI Number 59-3489319	
22. City & State Jacksonville, FL		27. City & State Jacksonville, FL		5. Certificate of Status Desired <input type="checkbox"/> -- \$8.75 Additional Fee Required	
23. Zip 32246		28. Country Duval		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 32246		25. Country Duval		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NUSSBAUM, WILLIAM 1851 EXECUTIVE CENTER DR., STE. 102 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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 President	<input type="checkbox"/> DELETE	1.1 TITLE Presidnt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME James A. Nicolino		1.2 NAME James A. Nicolino	
STREET ADDRESS 4450 Beacon Drive West		1.3 STREET ADDRESS 4450 Beacon Drive West	
CITY-ST-ZIP Jacksonville, FL 32225		1.4 CITY-ST-ZIP Jacksonville, FL 32225	
TITLE Secretary	<input type="checkbox"/> DELETE	2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Nicholas C. Barbi		2.2 NAME Nicholas C. Barbi	
STREET ADDRESS 882 Sumter Drive		2.3 STREET ADDRESS 882 Sumter Drive	
CITY-ST-ZIP Yardley, PA 19067		2.4 CITY-ST-ZIP Yardley, PA 19067	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  **James A. Nicolino/ President** 1/7/99 904 743-5525

CR2E034 (11/98)