## 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

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90091 033 \*\*\*150.00

## 

DO NOT WRITE IN THIS SPACE

DOCUMENT #	P98000011523
ADMANTAGE MANAGE	CHECKET ODOLLD INC

ADVANTAGE MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 112 SUNSET COVE LANE 112 SUNSET COVE LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2a. Mailing Address 2, Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 🚐 💳 🕟 27 22 City & State City & State 23 28 Country Zip Zip Country 30 24 29

3. Date Incorporated or Qualifed 02/04/1998 4. FEI Number 65-0823149

Not Applicable \$8.75 Additional 5. Certificate of Status Desired\* -- -Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

XIND

Applied For

8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. Name and Address of New Registered Agent

ANDERSON, ROBERT 112 SUNSET COVE LANE PALM BEACH GARDENS FL 33418

9. Name and Address of Current Registered Agent

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82	Street Address (	P.O. Box	Number	is Not A	cceptable
	112	Sun	set (	Cove	Lanc
83					

84	City	Palm	Beach	Crardens	FL	85	Zip Code 33418	
83		1						
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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	Muchy				7/20		
0,0,	Signature, typed or printed name of registerel agent and title if app	licable. (NOTE: Re	gistered Agent signature re	equired when reinstating)	DAT	re	
12.	OFFICERS AND DIRECTO	ORS ,	13.	ADDITIONS/CH	ANGES TO OFFICER		
TITLE	D	DELETE	1.1 TITLE	P, T, S, D	•	Change	Addition
NAME	ANDERSON, ROBERT		1.2 NAME	Shirine Ka	contact		
STREET ADDRESS	AAA ALINOTT AANT LAND		1.3 STREET ADDRESS	112 Sunset Palm Beach	(Ove Lunc	در و و رس	18
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP	Palm Beach	Graraens,	PL 337	, ,
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	·		2.3 STREET ADDRESS				
CITY-ST-ZIP		<u></u>	2.4 CITY-ST-ZIP.				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	-		Change	☐ Addition

4. 2 NAME

4.3 STREET ADDRESS

STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE DELETE 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, with all other like empowered.

SIGNATURE:

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Change

Addition

☐ Addition