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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000017556

1. Corporation Name

ADVANT	AGE GRAPHICS & DESIGI	1, INC.							
8	· · · · · · · · · · · · · · · · · · ·	Martina Address	····				IBNIE BRUSH BREIN RANNE UNIA		
Principal Place of Business 326 17TH ST N ST PETERSBURG FL 33713 Mailing Address 3326 17TH ST N ST PETERSBURG FL 33713									
							NOT WRITE IN THIS	SPACE	
·						 Date Incorporated or 02/23/1998 	Qualifed		
Principal Place of Business 2a. Mailing Address						4. FEI Number	× 42	App	lied For
21 26						59-3496	017		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status	Desired	\$8.75 A	ſ
City & State City & State						6. Election Campaign F Trust Fund Contribu	-	\$5.00 h Added to	· ·
Zip	Country Zip 25 29 30			•		8. This corporation owes the current year Intangible Personal Property Tax.			
<u> </u>	9. Name and Address of Curre		<u> </u>			10. Name and Address		Agent	
			81	Name					
PANGANIBAN, HOLLIE					A al al a a a	- /D.O. Day Murcharia M	ot Assentable)		
3326 17TH ST N				Street	Addres	ress (P.O. Box Number is Not Acceptable)			
ST PETERSBURG FL 33713			83						
			84	014.				85 Zip C	odo
			84	City			Fŧ	_ 85 Zip C	oue
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	norized by	the corpo	corpor oration	ation submits this statem s board of directors. I he	eby accept the appo	f changing its r intment as reg	egistered istered
	Signature, typed or printed name of registered ag			nt signature i	required w	hen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGI		ND DIRECTOR ☐ Change	Addition
TITLE	•	□ pere≀e	1,1 TITLE		P	LIE PONTANI	BAN	. Change	E Addition
NAME			1.2 NAME		Hay	26 17 57. 4.			
STREET ADDRESS				1.3 STREET ADDRESS 33		P(T1.) FL	337/2	,	
CITY-ST-ZIP					ינרכ	reres	7711 3	Change	Addition
TITLE	☐ DELETE		2.1 TITLE					orlange	
NAME	α_{\star}		2.2 NAME	2.3 STREET ADDRESS					
STREET ADDRESS	•		1						
CITY-ST-ZIP TITLE	DELETE		2.4 CITY-ST-ZIP 3.1 TITLE				•	Change	Addition
NAME	- for the same of		"3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS	1		•		
CITY-ST-ZIP			3.4. CITY-S						
TITLE	DELETE			4.1 TITLE		•		☐ Change	Addition
NAME			4. 2 NAME						3
STREET ADDRESS	t		4.3 STREE	TADORESS					
CITY-ST-ZIP	•		4.4 CITY-S						
TITLE		☐ DELETE	5.1 TTTLE					Change	Addition
NAME		•	5.2 NAME				· · · ·		٠,
STREET ADDRESS	·.		5.3 STREE	T ADDRESS		•			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
7m r		□ DELETE	61 TITLE					☐ Change	☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP