

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 06, 1999 8:00 am
Secretary of State

04-06-1999 90031 007 ***150.00

DOCUMENT # P98000027952

1. Corporation Name

ADVANTAGE EQUIPMENT & DESIGN, INC.



Principal Place of Business

Mailing Address

9222 NW 43 CT.
CORAL SPRINGS FL 33065

9222 NW 43 CT.
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

65-0822338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing:
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 11471 W. SAMPLE RD

26 11471 W. SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 38

27 SUITE 38

City & State

City & State

23 CORAL SPRINGS FL

28 CORAL SPRINGS FL

Zip

Country

Zip

Country

24 33065

25 USA

29 33065

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECRANE, RICHARD
9222 NW 43 CT.
CORAL SPRINGS FL 33065

81 Name

RICHARD A. DECRANE

82 Street Address (P.O. Box Number is Not Acceptable)

9222 NW 43 CT

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DECRANE, RICHARD
STREET ADDRESS 9222 NW 43 CT.
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME RICHARD A. DECRANE SR.
1.3 STREET ADDRESS 9222 NW 43 CT
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE DVST ☐ Change ☒ Addition
2.2 NAME DEBRAH A. DECRANE
2.3 STREET ADDRESS 9222 NW 43 CT
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99 (954) 255-8812

CR2E034 (11/98)