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Secretary of State

05-10-1999 90022 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000058710

1. Corporation Name

ADVANTAGE SALES INTERNATIONAL INC.

Principal Place of Business

C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34104

Mailing Address

C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

59-3580918

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

21 FUFFE, AL
 Suite, Apt. #, etc.

2a. Mailing Address

26 2795 CIR 94
 Suite, Apt. #, etc.

City & State

23 FUFFE, AL

City & State

28 FUFFE, AL
24 35971 **25 USA**
29 35971 **30 USA**

9. Name and Address of Current Registered Agent

FARMER, AARON A ESQ
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Carlos N. Bailey
 Signature, typed or printed name of registered agent and board applicable.

Carlos N. Bailey
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CHARLOS N. BAILEY
2795 CIR 94
FUFFE, AL 35971
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
RICHARD A. BARRY
2795 CIR 94
FUFFE, AL 35971
☐ DELETE

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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:

Carlos N. Bailey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos N. Bailey 4/26/99 256/259-3578
 DATE Daytime Phone #

CR2E034 (1/98)