05-10-1999 90084 023 \*\*\*150.00

## 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

## DOCUMENT # P98000079030

1. Corporation Name

ADVANCED BUSINESS & COMMUNICATION SYSTEMS, INC

Principal Place of Business		Mailing Address					
% JEREMY STEIN		% JEREMY STEIN					
2250 NW 139TH AVE		2250 NW 139TH AVE			DO NOT WRITE IN TH	IS SDACE	
SUNRISE FL 3	33323	SUNRISE FL 33323			3. Date Incorporated or Qualifed	SOFACE	
					`		
		1 a M 25 a A d 1			09/10/1998 4. FEI Number	<del></del>	Applied For
Principal Place of Business 2a. Mailing Address					65-0872883	<u> </u>	_:
21 26				65-08 12003			
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
22		27					
		City. & State	lity. & State		6. Etection Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution Added to Fees		d to rees
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year I	ntangible Yes	PINO
24	25	<del></del> <del></del> -	30		Personal Property Tax.		L) NO
	9. Name and Address of Curre	ent Registered Agent	-   04	1 1	10. Name and Address of New Registere	a Agent	
40	ALEC TOTAL		81	Name			
ADAMS, JOHN			82	82 Street Address (P.O. Box Number is Not Acceptable)			
8661 NW 24 ST.				1	· · · · · · · · · · · · · · · · · · ·		
SU	NRISE FL 33322		83	1			
			84	City		. 85 Zi	p Code
			84	City	F		p Code
11 Pursuan	t to the provisions of Sections 607.05	502 and 607,1508, Florida Statute	s, the abov	re-named corp	poration submits this statement for the purpose	of changing	its registered
l office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	tne corporati	ion's board of directors. I hereby accept the app	ointinent as	registered
SIGNATURE					ed when reinstating) DATE		
40	Signature, typed or printed name of registered at		<del>-</del>	ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.		AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	DP	Decere				LJ onang	
NAME	ROSE, GLEN		1.2 NAME	- 1			
STREET ADDRESS		, #207	1	T ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33073		1.4 CITY-5	ST-ZIP			
TITLE	DST	DST DELETE 2.1 T				☐ Chang	e Addition
NAME	STEIN, JEREMY		2,2 NAME				
STREET ADDRESS	s 2250 NW 139TH AVE		2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	P SUNRISE FL 33323		2, 4 CITY-	ST-ZIP			
-TITLE			3.1 TITLE	,		☐ Chang	e Addition
NAME	\		3,2 NAME	1			
STREET ADDRESS	a		3.3 STREE	TADORESS			
i	Ĭ		3.4 CITY-				
CITY-ST-ZIP	<del> </del>	☐ DELETE	4.1 TITLE			☐ Chang	e Addition
			4. 2 NAME				
NAME			1	T ADDRESS			
STREET ADDRESS	si 		•	i			
CITY-ST-ZIP		CT per exc	4.4 CITY-5	ST-ZIP		Chang	e Addition
TITLE		☐ DELETE	5.1 TITLE			L. Criany	
NAME	}		5.2 NAME	ľ			
STREET ADDRESS	s			ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS	s		6.3 STREE	T ADDRESS			
	- 1		-				

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filling 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 of 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 authorities with an address, with all other like empowered.