FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90037 005 ***150.00

DOCUMENT # P98000083396

ADVANCED SOLUTIONS GROUP INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address								
7006 ATLANTIC BLVD		7006 ATLANTIC BLVD								
JACKSONVILLE FL 32211-8706		JACKSONVILLE FL 32211-8:06				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate				
						09/25/1998				
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Nuraber			App	olied For
21 (Incipal 1)	acc of Basiness	26			59-35	<u> </u>	30	Not	Applicable	
Suite, Ap:.	#. etc	Suite, Apt, #, etc.			- O - W	tue Dosinad		\$8.75 A	lanoitich	
22		27			5. Certificate of Sta	itus Desired	- 	Fee Re	quired	
City & State	•	City & State			6. Electior Campa	ign Financing		\$5.00	Vay Be	
23		28			Trust Fund Con	tribution		Added to	Fees	
Zip	Country Zip			ntry		8. This co poration		ent year Int	33	F3
24	25		30			Personal Prope			/	[]No
	9. Name and Address of Current	Registered Agent				10. Name and Add	ress of New F	Registere	Agent	
0111	DEDEV		ļ	81	Name					
	DEREK ATLANTIC BLVD		82 St			Ad tress (P.O. Box Number	is Not Accepta	able)		
	(SONVILLE FL 32211-8706									
JAIJF	13011VILLE PL 32211-0700									
				84	City				85 Zip C	ode
								<u> </u>		raciatored
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	' Florida, Such chande was at	Itnorizea	ו סע	the com	oration's board of cirectors.	I hereby acce	pt the appoi	ntment as rec	stered
SIGNATURE										
	Signature, typed or printed na ne of registered agent		<u> </u>	Agen	t signature i	required when reinstating)		DATE	ID DIDECTO	CIG IN 42
12.	OFFICERS ANI		13,			ADDITIONS/CH/	ANGES TO OF	FICERS A	Change	Addition
TITLE	PVD	☐ DELETE	1.1 717							
NAME	GILL, DEREK		, 1.2 NA							
STREET ADDRESS	7006 ATLANTIC BLVD		,		ADDRESS)				
CITY-ST-ZIP	JACKSONVILLE FL 32211-8706			1.4 CITY-ST-ZIP					Change	Addition
TITLE	TSD									
. NAME	-GILL, BRENDA			22 NAME		· ·				-
STREET ADDRESS	7006 ATLANTIC BLVD	4		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
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		<u> </u>	6.2 N							l
NAME			ŀ		T ADDRESS					
STREET ADDFESS					T 7/0					ĺ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signeture shall have the same legal effect as if made under oath; that i am an office 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 chapted, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)