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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000097474**

1. Corporation Name

ADVANCED BACKGROUND SERVICES, INC.

Pri	incipal Place of Business	,
301	NORTH OCEAN BLVD.	

Mailing Address

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90019 001 ***150.00



301 NORTH OCEAN BLVD. APT. 112 **APT 112** DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualifed 11/19/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address BOX <u> 70.</u> 205 MuinField -08 フフフフ? Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible U54 34101 30 Personal Property Tax. 29 25 <u>U5A</u> 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROTHMAN, AARON J 82 Street Address (P.O. 301 NORTH OCEAN BLVD. MUIRFIE APT. 112 83 POMPANO BEACH FL 33062 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of discors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS -6 ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE ROTHMAN, J. STEPHEN 1.2 NAME NAME 301 NORTH OCEAN BLVD., APT. 112 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 61 TITLE ППF

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 an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CR2E034 (11/98)