

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**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90090 038 \*\*\*150.00

DOCUMENT #

1. Corporation Name

P98000100837

ADVANCED COMMUNICATION SOLUTIONS SERVICE, INC.

Principal Place of Business

Mailing Address

2640 Timbercreek Circle 2640 Timbercreek Circle  
Boca Raton, FL 33431 Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
December 1, 1998

2. Principal Place of Business

21 1525 NW 3 Street

2a. Mailing Address

26 1525 NW 3 Street

4. FEI Number  
65-0878856

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 5

Suite, Apt. #, etc.  
27 Suite 5

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Deerfield Bch., FL

City & State  
28 Deerfield Bch., FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 33442 25 Broward

Zip Country  
29 33442 30 Broward

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

9. Name and Address of Current Registered Agent

Steven Battista  
2640 Timbercreek Circle  
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

81 Name Steven Battista  
82 Street Address (P.O. Box Number is Not Acceptable)  
1525 NW 3 Street  
83 Suite 5  
84 City Deerfield Beach FL 85 Zip Code 33442

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/99

12. OFFICERS AND DIRECTORS

TITLE D, P, S ☐ DELETE  
NAME Steven Battista  
STREET ADDRESS 2640 Timbercreek Circle  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, S ☒ Change ☐ Addition  
1.2 NAME Steven Battista  
1.3 STREET ADDRESS 1525 NW 3 Street  
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, typed or printed name of signing officer or director

Date

Daytime Phone #

5/18/99 (954) 429-9998

CR2E034 (11/98)