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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME Street address

CITY-ST-ZIP

S23384

(8)

	ADVAN	CED DIG	ITAL TECHNOLOG	RIES, INC.						
Principal Place of Business Mailing Address									EDI BIDH DIDI (II	
334 EAST LAKE RD. #133 PALM HARBOR FL 34685				334 EAST LAKE RD. #133 PALM HARBOR FL 34685				DO NOT HIDITE IN THE	10 0DA 0E	
								DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	
								01/07/1991		
_	Principal P	Principal Place of Business		2a. Mailing Address				4. FEt Number	h	pplied For
21	Suite Ant # atc		26 Suite And # 010				59-3047247		lot Applicable	
22	Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Dosired	¥ - · · -	Additional lequired	
23	City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
l	Zip		Country	Zιp	[Country	y	8. This corporation owes or has paid the	current year In	ntangible
24			25	29		30		Personal Property Tax due June 30.		_ No
<u> </u>		9, Name	and Address of Curre	nt Registered Age	ent		т	10. Name and Address of New Registers	d Agent	
ĺ			MICHAEL A			81	Name			
1540 HUNTLEIGH COURT OLDSMAR FL 34677							Street Ad	dress (P.O. Box Number is Not Acceptable)		
							 			
[83				
						84	City	F	85 Zip	Code
11	I. Pursuant	to the provis	ions of Sections 607.050	02 and 607,1508, F	Iorida Statutes	s, the abov	e-named co	progration submits this statement for the purpose	of changing	its registered
								orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as	s registered
SI	GNATURE		or presed hande of regestered ag	ex and title if applicable		Registered Age		quirid when reinstating) H/16/96	<u> </u>	
SI	GNATURE	Signature typed	or presed hande of regestered ag	ent and title if applicable ID DIRECTORS	(NOTE:	Rogistored Age		ration's board of directors. I hereby accept the a	ND DIRECTO	RS IN 12
1; 1;	GNATURE 2.	Signature Typed	or proced transcorpage standage OF LICERS AN	ent and title if applicable ID DIRECTORS		Rogistored Agr		quirid when reinstating) H/16/96	<u> </u>	
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6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

DELETE