

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S32211 (2)**

1. Corporation Name
ADVANTAGE FILING SYSTEMS, INC.



Principal Place of Business: **3049 NW 60TH ST FT LUADERDALE FL 33309**
Mailing Address: **3049 NW 60TH ST FT LUADERDALE FL 33309**

3. Date Incorporated or Qualified: **02/13/1991**
3a. Date of Last Report: **03/15/1995**

21	2a	4	5	6	8
Principal Place of Business	Mailing Address	FEI Number 65-0243262	Certificate of Status Desired <input type="checkbox"/>	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
22	27	5	6	8	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees		
23	28	24	25	29	30
City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL	Zip	Country	Zip	Country

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MOODY AND JONES, P.A. 1333 S. UNIVERSITY DRIVE #201 PLANTATION FL 33324		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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: _____ (NOTE: Registered Agent signature required when registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCANA, THOMAS J.	1.2 NAME	
STREET ADDRESS	10381 SLEEPY BROOK WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL	1.4 CITY- ST- ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSMANN, ROBERT R.	2.2 NAME	
STREET ADDRESS	8631 NW 51ST COURT	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAUDERHILL FL	2.4 CITY- ST- ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, THOMAS H.	3.2 NAME	
STREET ADDRESS	14004 LAKE GEORGE CT.	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI LAKES FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Thomas J. McAna* **THOMAS J MCANA** Date: **1/29/96** 954-970 3333

CR2E034 (12/95)