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

DOCUMENT # **\$47803**1. Corporation Name

ADVANCED BUSINESS EQUIPMENT OF CENTRAL FLORIDA, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90031 033 ***150.00



Nincipal Place 2	of Business	Mailing Address					
	ncipal Place of Business						
164 N. AIRPORT RD. 1264 N. AIRPORT RD. NAPLES FL 34104				DO NOT WRITE IN THIS	SPACE		
RPLES PL 34104	•	•			3. Date Incorporated or Qualifed		_
					04/20/1991		
					4. FEI Number	Applied	For .
2. Principal Place of Business 2a. Mailing Address						Not Apr	
7 26				59-3069769	\$8.75 Addit	ional	
Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Require	I	
27]					\$5.00 May	, Re	
City & State			ie		6. Election Campaign Financing	Added to Fe	
-n 28		28			Trust Fund Contribution		
3) Country		Zip	Zip Country		8. This corporation owes the current year Intangible ☐ Yes ☐ No		
_ Zip ¬		29	30		Personal Property Tax.		—
4]	9. Name and Address of Current		, ' -		10. Name and Address of New Registered	· vaeir	
	9. Name and Address of Current			81 Name			
CHAD	A ARTHUR OVER THE A		ا	99 Stroot Ada	ress (P.O. Box Number is Not Acceptable)		
UHAP	TOOV SEEDING O	·斯·斯·斯·斯·斯	3	82 Street Add	HESS (I.O. DON THE TANK THE TA	***	
1744 C/U/XERUX				83		排制調翻翻	
1264 N. AIRPORT RD.				l ⁻ [[85] Zip Cod	e
	ES FL 34104			84 City	F		
1,3,5	•				poration submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its reg	istered
dd Durchant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-named col	tion's board of directors. I hereby accept the app	ointment as regist	ered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of Section 607 0505. F	lorida Stat	tutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app		
agent. I an	it terring mail on his Salatil						
SIGNATURE	T, 2 Programmed 8000	nt and title if applicable. (NC	TE: Registered	d Agent signature requ	red when reinstating) ; DATE	AND DIRECTORS	IN 12
Signature, typed or printed name of registered agent and the second			13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
12.		DELETE	1.1 T	ITLE	\$2.3 HOVA		-
TITLE	D CHARMAN CVAITUR O	_	1.2 N	IAME			
NAME	CHAPMAN, CYNTHIA O	DOV	135	STREET ADDRESS			
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CITY-ST-ZIP	NAPLES FL	— — — — — — — — — — — — — — — — — — —		ITLE		☐ Change	Addition
TITLE	.,	☐ DELETE	I -	Į.			
NAME				NAME		·	
STREET ADDRESS				STREET ADDRESS			
)	1	·		CITY-ST-ZIP		Change	Addition
CITY-ST-ZIP		☐ DELETE	3.1	TITLE	•		
TITLE CHIE	PROGRAMME SERVICE	ografia	3.2	NAME	·		
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STREET ADDRESS	The Advisor of	•	3.4	. CITY-ST-ZIP		Change	LET Addition
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1 1 mm			4.3	STREET ADDRESS	•		
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STREET ADDRESS	s ·			CITY-ST-ZIP		☐ Change	M Addison
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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 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 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 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 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 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 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 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 indicated on this annual report or supplemental annual report or supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information is a supplemental annual report or supplemental an

SIGNATURE: