**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 # S71985

1. Corporation Name: ADVANCED TECH SYSTEMS, INC

Principal Place of Business: 948 VINERIDGE RUN #210, ALTAMONTE SPRINGS, FL 32714

Mailing Address: 380 SOUTH SR 434, STE 1004-237, ALTAMONTE SPRINGS, FL 32714

3. Date Incorporated or Qualified: 08/06/1991

3a. Date of Last Report: 1995

2. Principal Place of Business
21 9090 SKILLMAN ST.
22 Suite, Apt. #, etc.: STE 182A-194
23 City & State: DALLAS, TX
24 Zip: 75243
25 Country: DALLAS

2a. Mailing Address
26 9090 SKILLMAN ST.
27 Suite, Apt. #, etc.: STE 182A-194
28 City & State: DALLAS, TX
29 Zip: 75243
30 Country: DALLAS

4. FEI Number: 65-0278458 — Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**
DEBORAH DUPEE
948 VINERIDGE RUN #210
ALTAMONTE SPRINGS, FL 32714

**10. Name and Address of New Registered Agent**
81 Name: MRS. DONALD DUPEE
82 Street Address (P.O. Box Number is Not Acceptable): LOT 360, OUTDOOR RESORTS
83 MAILING ADDRESS: PO BOX 1360
84 City: LONG KEY FL 85 Zip Code: 33001

11. Pursuant to the provisions of Sections 607.0505 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: Helen M. Dupee (Mrs. Donald) — DATE: 6/7/96
Signature (typed or printed name of designated agent) — Registered Agent's Signature (required if designated)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE C/P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEBORAH DUPEE<br>9090 SKILLMAN ST.<br>STE 182A-194<br>DALLAS, TX 75243 | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | |
|---|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>800001869288<br>-06/20/96--01029--035<br>***200.00 5/1 12 |

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:** DEBORAH DUPEE 4/25/96 214/348-6823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)