FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(3)

ADVANCED TECH SYSTEMS, INCORPORATED

Mailing Address

SUITE 1824-194 DALLAS TX 75243 US US US US SUITE 1824-194 DALLAS TX 75243 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							
	ven adders. New address					08/06/1991					
2. Principal Place of Business 2a. Mailing Address			T>	4. FEI Number			Applied For				
21 14902 PRESTON RD SENTEN-25 14902 PRESTON				65-0278458			Not Applicable				
Suite, Apt. #, etc. 22 STE 404 - 155 27 SUITE 404 - 155				5. Certificate of Status Desired \$8.75 Additional Fee Required							
City & State 23 Dauas TX	City & State 28 DALLAS, TX			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
24 75240 25 Daups	29 75 24 \$ 30 J	untry	عمدالا	This corporation owes or has particle. Personal Property Tax due June	30. 🗀	Yes	ar Intangible				
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent								
DUPEE, HELEN M. LOT 360, OUTDOOR RESORTS MAILING-PO BOX 1360 LONG KEY FL 33001		81	Name								
		82 Street Address (P.O. Box Number is Not Acceptable)									
		83	3								
			City		FL	1	Zip Code				
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove	-named corpor	ration submits this statement for the p	urpose of	changi	ng its registered				

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	The state of the s												
Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12													
12.	OFFICERS AND DIRECTORS		13.		S/CHANGES TO OFFICERS								
TITLE		☐ DELETE	1.1 TITLE	₹ C.P	_	Change Change	Addition						
NAME	DUPEE, DEBORAH		1.2 NAME	DEBOR	をこりして 原剤	-							
STREET ADDRESS	9090 SKILLMAN ST., STE 182A-194		1.3 STREET ADDRESS	14002	ANDUPEE. Peasioned.	, Ste 40	4-155						
CITY-ST-ZIP	TDALLAS TX 75243		1.4 CITY-ST-ZIP	Dalla	5, Tx 752	Y O	j						
TITLE		DELETE	2.1 TITLE		* ***	☐ Change	Addition						
NAME			2.2 NAME										
STREET ADDRESS			2.3 STREET ADDRESS										
CITY-ST-ZIP			2.4 CITY-ST-ZIP			i							
TITLE		DELETE	3.1 TITLE			Change	Addition						
NAME			3.2 NAME				ľ						
STREET ADDRESS			3.3 STREET ADDRESS										
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TITLE		DELETE	4.1 TITLE			Change	Addition						
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TITLE		DELETE	5.1 TITLE			☐ Change	Addition						
NAME			5.2 NAME				İ						
STREET ADDRESS			5.3 STREET ADDRESS										
CITY-ST-ZIP			5.4 CITY-ST-ZIP										
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition						
NAME -			6.2 NAME										
STREET ADDRESS			6 3 STREET ADDRESS										
0,51, 07, 715	I .												

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.

SIGNATURE:

5 Jan 1998 971/720-8547

FILED

Jan 15 1998 8:00am

Secretary of State