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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S84609**

ADVANCED DRYER SYSTEMS, INC.

Principal Place of Business Mailing Address						1912 BIBJI Afaif Biezi ainit e	1841 BIBIT 1881
7819 NW 22ND LANE GAINESVILLE FL 32605		7819 NW 22ND LN GAINESVILLE FL 32605					
US SECTION OF THE SECOND		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					09/27/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21	- , · · · · · · · · · · · · · · · · · ·	26			59-3088734		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I
22		27				10010	·
City & State	9	City & State			6. Election Campaign Financing	□ \$5.00	•
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the curren	<u></u>	
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	None	10. Name and Address of New Reg	gistered Agent	
DINIL	LUANIL		81	Name			
l	I, KHANH		82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
	NW 22ND LN						
GAIN	iesville fl 32005		83				
			84	City		85 Zip 0	Code
						FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named c	orporation submits this statement for the pu ation's board of directors. I hereby accept t	urpose of changing its	registered gistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au ations of, Section 607,0505, Flori	monzed by da Statutes	ine corpor i.	ation's board of directors. Thereby accept t	ine appointment do re	9,5,0,00
	,						
0.004.471.000							1
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Age	nt signature rec	uired when reinstating)	DATE	
SIGNATURE		ND DIRECTORS	Registered Age	nt signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFIG	CERS AND DIRECTO	
				nt signature rec			DRS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	nt signature rec		CERS AND DIRECTO	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

i regured

FILED Apr 12, 1999 8:00 am Secretary of State

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