Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90219 027 ***150.00

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 # \$90627

1. Corporation Name

ADVANC	ed benefits desig	in Group, Inc	•							
Principal Place	a of Rusinase	Mailing	Address			'	40110 10 110 18111. 88118 81110		INII AFRII DINII R	HERE GEBELLBU
14621 OAK LAN										
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	•						ncorporated or Qualife	i		
	,					10/2	3/1991			\ \
2. Principal Pi	lace of Business	2a. Mail	ling Address			4. FEI No	ımber		Ap	plied For
21	÷	26				65-0	327866		No	t Applicable
Suite, Apt.	#, etc.		e, Apt. #, etc.			2 0 17	-1 -1 Ct-t Di		\$8.75	Additional
22		27				5. Certifo	ate of Status Desired	Ш	Fee Re	quired
City & State	e	City	& State			6. Election	n Campaign Financing		\$5.00	May Be
23		28				Trust F	und Contribution	' <u> </u>	Added t	
Zip	Country	Zip		Country	,	8. This o	orporation owes the cu	rrent year int	angible	.
24	25	29	[30		Person	nal Property Tax.		Yes	No
	9. Name and Address of	f Current Registered	Agent			10. Name	and Address of New	Registered	Agent	
				81	Name				•	
	es, scott d			82	Stroot A	ddraes (D.O. Box	Number is Not Accep	tahla)		
	21 OAK LANE			02	Street At	udiess (F.O. Bo.	(Number is Not Accep	rabio)		
MAIM	/II LAKES FL 33016			83						
	,									
				84	City			FL	85 Zip (Code
44 Dumumt	to the provisions of Sections	607 0502 and 607 15	OR Florida Statute	es the abov	j e-named co	ornoration subm	ts this statement for th	e purpose of	changing its	registered
	TO THE PROPERTY OF THE PROPERTY OF	04-4 FT C.	uch change was at	اســــماهم	4	ation's board of	directors. I hereby acc	ept the appoi	ntment as re	gistered
	to the provisions of Sections egistered agent, or beth, in the m familiar with, and accept the	ne obligations of, Sect	tion 607.0505, Flor	ida Statutes	the corpor	<i>y</i>		4/2/9	9	
office or re agent. I as SIGNATURE	egistered agynt, or beth, in the manning right, and accept the signature, typed or prigred name of regions.	19-7.				uired when reinstating		DATE	<u>/</u> -	
	Signature, typed or prigred name of regi	19-7.	cable. (NOTE:			uired when reinstating		DATE	ID DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or prigod name of region OFFIC	istered agent and title if applic	cable. (NOTE:	Registered Age		uired when reinstating		DATE	<u>/</u> -	
SIGNATURE	Signature, typed or prigred name of regi	istered agent and title if applic	cable. (NOTE:	Registered Age	nt signature req	uired when reinstating ADDITI	ONS/CHANGES TO O	DATE FFICERS AN	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or prigod name of region OFFIC	istered agent and title if applic	cable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature req	ADDITI		DATE FFICERS AN	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or prigid name of region OFFIC VPD PEREZ, JOSEPH F.	istered agent and title if applic	cable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature req	uired when reinstating ADDITI	ONS/CHANGES TO O	DATE FFICERS AN	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or prigrid name of regions of the VPD PEREZ, JOSEPH F. 11336 SW 1587H CT	istered agent and title if applic	cable. (NOTE:	: 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature req	ADDITI	ONS/CHANGES TO O	DATE FFICERS AN	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or prigred name of region of FIC VPD PEREZ, JOSEPH F. 11396 SW 156TH CT MIAMI FL PD	istered agent and title if applic	RS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature req T ADORESS	ADDITI 1849.0 S. 33187	ONS/CHANGES TO O	DATE FFICERS AN	ND DIRECTO	DRS IN 12
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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 807, 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.

6.4 CITY-ST-ZIP