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 # V00573

1. Corporation Name

ADVANC	ED INNIGATION, INC.									
Principal Place	of Business	Mailing Address					?! 4 }} 08 }}; 88 }#; ?		#1#11 #1#11 #1#11 1	1181) 8181) 1881
P.O. BOX 2896 P.O. BOX 2896 JUPITER FL 33468-2896 JUPITER FL 33468-2896					ł					
US					ļ		DO NOT WR		S SPACE	
					,		orated or Qualifed			
						12/17/19				
Principal Place of Business 2a. Mailing Address						4. FEI Numbe			<u> </u>	plied For
21		26	11 A - A - H - A - A - A - A - A - A - A -			65-0295	794		\$8.75	t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	f Status Desired		Fee Re	
City & State		City & State				e Election Ca	mpaign Financing	÷	\$5.00	May Be
23		28				1	Contribution		Added 1	, ,
Zip	Country	Zip	Count	у		8. This corpor	ation owes the cur	rent year In	itangible	
24	25	29	30			Personal P	roperty Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and	Address of New	Registered	Agent	
	MATCH OFFICENCE		8	Name					,	
	NNERY, STEPHEN P		8	2 Street	Addres	ss (P.O. Box Nu	nber is Not Accept	able)	<u>-</u> .	
	2 SENTIMENTAL JOURNY TER FL 33458		8							
JUFI	1EN FE 30400		•	3			· ·			
			8	4 City				FI	85 Zip (Code
agent. I a	to the provisions of Sections 607.25 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agen	it and title if applicable (NOTE:	Registered Ag	s.		when reinstating)	CHANGES TO O	DATE		
12.			13.		10		CHANGES TO U	-FICERS A	☐ Change	Addition
TITLE	FLANNERY, STEPHEN P			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3		esident	Stephen		. 🖂 •	
1			J			Palm Pou	Stephen of Dr.			
STREET ADDRESS	HIDITED EL			1.4 CITY-ST-ZIP		oiter F	i. 33458			
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE			·			Change	Addition
NAME	FRAZIER, WILLIAM	_	2.2 NAMI							
STREET ADDRESS	AAA ITI AT			ET ADDRESS						ļ
CITY-ST-ZIP	JUPITER FL		2. 4 CITY	-ST-ZIP		•				
TITLE		☐ DELETE	3.1 TITLE			 -			Change	Addition
NAME			3.2 NAM	ŧ	İ					1
STREET ADDRESS	\		. 3.3 STRE	ET ADDRESS						
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP					CT Channe	☐ Addition
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME	■		4, 2 NAV							
-			4.3 STREET ADDRESS					-	ļ	
CITY-ST-ZIP		☐ DELETE	4.4 CITY		┼─			2 2	[] Change	Addition
TITLE		□ DELETE	5.1 TITLE 5.2 NAM				•	٠.,	(J. 1011.90	
NAME				Et adoress	-		**			\
STREET ADDRESS CITY-ST-ZIP	1		1							
			5.4 CITY	ST-ZIP	1					l
TITLE		☐ DELETE	5.4 CITY 6.1 TITU				· · · · ·	<u>. </u>	Change	☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90209 007 ***150.00