May 04, 1999 8:00 am Secretary of State

05-04-1999 90170 014 ***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 # **V22457**

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

ADVANT	age realty of Sarasot	A, INC.					
Oringinal Place	of Business	Mailing Address				BIĞII ASBU BIĞII	Billi Dibii ibbi
Principal Place of Business 4121 BEE RIDGE RD. SARASOTA FL 34233 US C/O JEFFERSON F. RIDDELL 3400 S. TAMIAMI TRAIL. SUITE 202 SARASOTA FL 34239 US US			202		DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 03/18/1992	<u>.</u>	
	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
	71 Bee Ridge Road	26			65-0318912		lot Applicable Additional
Suite, Apt.	·	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Required
City & State	e sota, Florida	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 3423		Zip 30	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible Yes	XINo
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
				Name			
RIDDELL, JEFFERSON F			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
3400 S. TAMIAMI TRAIL			L	000.7.10.			
SUITE 202 SARASOTA FL 34239			83	İ			
JAN	AGO (A 1 E 04203		84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 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							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regir	stered Age	nt signature requi	ured when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT(Change	
) TITLE)	DP DEEDING MILLANG		1.1 TITLE	Ì		□1 cusude	C Hadillon
NAME	DEERING, WILLIAM G	i	1.2 NAME		· ·		
STREET ADDRESS	897 MADISON PLACE NO MERRICK NY			TADDRESS			
CITY-ST-ZIP TITLE	DVP		1.4 CITY-S 2.1 TITLE	1-219		[] Change	Addition
NAME	DEERING, ALBERT R		2.2 NAME	}			_
STREET ADDRESS	2640 MAN-O-WAR CIRCLE			T ADDRESS			Í
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-				. ,
TITLE	S		3.1 TITLE			Change	☐ Addition
NAME	DEERING, MAIRA B		3.2 NAME				ļ
STREET ADDRESS	2640 MAN-O-WAR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP				
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME !	DEERING, MARGARET C	•	4. 2 NAME				
STREET ADDRESS	897 MADISON PLACE		4.3 STREET ADDRESS				
CITY-ST-ZIP	NO MERRICK NY		4.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME			□ avende	
NAME				TADORESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP			6.1 TITLE			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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR