

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 # V22865

1. Corporation Name

ADVANCED ELECTRONICS, INC.

Principal Place of Business

**5111-6 BAYMEADOWS RD
SUITE 335
JACKSONVILLE FL 32217
US**

Mailing Address

**5111-6 BAYMEADOW RD
SUITE 335
JACKSONVILLE FL 32217
US**

2. Principal Place of Business

21 6120-10 POWERS AVE.

2a. Mailing Address

26 6120-10 POWERS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip Country

24 32217 25

Zip Country

29 32217 30

9. Name and Address of Current Registered Agent

**NEWGENT, DON KELLER JR
8855 HEAVENSIDE CT
JACKSONVILLE FL 32257**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE
NAME NEWGENT, DON KELLER J
STREET ADDRESS 8855 HEAVENSIDE CT.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE REQUIRED. NEWGENT

4-26-99

904.448-2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90106 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1992

4. FEI Number

59-3118573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (1/98)