

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V28125** (5)
1. Corporation Name
ADVANCE MANAGEMENT, INC.



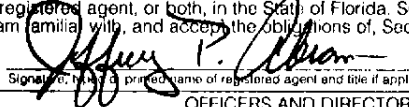
Principal Place of Business 3 WEST GARDEN STREET SUITE 351 PENSACOLA FL 32501 US	Mailing Address P.O. BOX 13487 PENSACOLA FL 32501 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1010 WEST GARDEN ST Suite, Apt. #, etc. 22		2a. Mailing Address 26 1010 WEST GARDEN ST Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/09/1992	
City & State 23 PENSACOLA FL		City & State 28 PENSACOLA FL		4. FEI Number 59-3116542 Applied For ☐ Not Applicable	
Zip 24 32501		Zip 29 32501		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country 25 US		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ABRAM, JEFFREY P 3 W. GARDEN STREET SUITE 351 PENSACOLA FL 32501				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

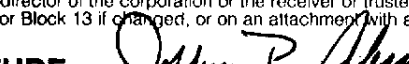
10. Name and Address of New Registered Agent 81 Name JEFFREY P. Abram 82 Street Address (P.O. Box Number is Not Acceptable) 1010 WEST GARDEN ST 83 84 City PENSACOLA FL 85 Zip Code 32501			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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  **JEFFREY P. ABRAM, VP** **1/15/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUNO, PAUL 619 N BAYLEN ST PENSACOLA FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ABRAM, JEFFREY P 5464 LIMESTONE ROAD PENSACOLA FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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.

SIGNATURE  **JEFFREY P. ABRAM, VP** **1/15/98** **(550) 419-0611**

CR2E034 (10/97)