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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47817

(4)

ADVANCED COMPUTER ENGINEERING, INC.

			L. N. C.			#881 BI(FI) 410 (D881 1846 1841 190	BIBII BRAN BIBII B	AR AIR I		
Principal Place	e of Bus ness	Mailing Address	Mailing Address 4387 N. FEDERAL HWY			TO SHE CART STOP TO CONTROL TO SHE STORY STORY STORY STORY STORY				
4367 N. FEDER	RAL HWY	4387 N. FEDERAL HWY								
SE. 104		STE. 104								
FT. LAUDERDA	NLE FL 33308	FT. LAUDERDALE FL 33308-	5213							
US US					Ţ:	3. Date Incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing Address	******		17	4. FEI Number	<u> </u>	Ac	plied For	
21		26				65-0348941		No	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		•			\$i		Additional	
22		27			-	5. Certificate of Status Desired	11 7	Fee Re		
City & State	9	City & State				6. Election Campaign Financing	¢	E 00	May Be	
23		28] '	Trust Fund Contribution		Added I		
Z∤p	Country	Zip	Country	,		8. This corporation has liability for i				
24	25	29 3	'n				Yes No		. 188.002.,	
2-7	9. Name and Address of Currer	nt Registered Agent	<u></u>		10	0. Name and Address of New Re				
DIIO	RNS, TYLER L		81	Nar						
	7 N VICTORIA PARK RD.			. ,						
			82	Stre	et Address	(P.O. Box Number is Not Acceptab	le)			
	TE 320									
FUF	RT LAUDERDALE FL 33305		83							
			84	City			85	Zip (Code	
· ····							FL "	<u>L</u>		
11. Pursuant i office or re agent Tai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	, the above thorized by da Statute	e-nam the c	ed corporat corporation's	tion submits this statement for the p s board of directors. I hereby accep	urpose of chai it the appointm	nging it: nent as	s registered registered	
SIGNATURE										
	Signature, typed or profed name of registered age			ni spre	lure required wh	-	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12	
TITLE	PM	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	Burns, Tyler L.		1,2 NAME					M co	nection	
STREET ADDRESS	4367 B FEDERAK HWY STE 1	104	1.3 STREET	ADDRE	s ubu	7 N Federal Huy !	poi sec			
EITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-5	T-21P						
TITLE	VD.	DELETE	2.1 TITLE					Change	Addition	
NAME	BURNS, DIANE M.		2.2 NAME				_	Ū		
STREET ADDRESS	4367 N FEDERAL HWY STE 1	104	2.3 STREET	ADDOC	e l					
City-St-Zip	FORT LAUDERDALE FL				35	• ~•				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	2.4 CITY	or ZIP				Change	Addition	
NAME		Specially to the factor of the	3.2 NAME				<u></u> (wange	hand characterist	
				4000-	.					
STREET ADDRESS			3.3 STREET		is					
CITY - ST - ZIP		T orien	3.4. CITY-	ST-ZIP	<u> </u>			Sh	4 4 894	
TITLE		☐ DELETE	4.1 TITLE		ļ		<u>ا</u> ــا (Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRE	SS					
CITY+S1-ZIP			4.4 CITY - S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			52 NAME							
STREET ADDRESS			5 3 STREET	ADDAES	s					
CITY - ST - ZIP			54 CITY-5	T-ZIP						
TITLE		DELETE	61 TITLE	::	1	· ·	□(hange	Addition	
NAME			62 NAME					•		
STREET ADDRESS			63 STREET	*UDOL	·e					
STREET PODDIESS)			O 3 3 I MEE !	NUUNE	»					

14. I do 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 of the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Place 1.13 or Report 13 or Report 13 or Report 14 or Report 1

SIGNATURE:

appears in Block 12 or Block 13 if changed

12.23.97

954.35%.5554

FILED

Jan 29 1997 8:00am

Secretary of State