FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73408** **(9)**

1. Corporation Name
ADVANCED PC SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1132 CASTLEWOOD TERRACE #110 CASSELBERRY FL 32707 US	1132 CASTLEWOOD TERRACE #110 CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: 551 BENTLEY ST.
22: Suite, Apt. #, etc.
23: City & State: OVIEDO, FL
24: Zip: 32765
25: Country: U.S.A.

2a. Mailing Address
26: P.O. BOX 11188
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, FL
29: Zip: 32803
30: Country: U.S.A

4. FEI Number: 59-3147584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FABIN, ROBERT S.
1132 CASTLEWOOD TERRACE
#110
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number is Not Acceptable): 551 BENTLEY ST.
93:
94 City: OVIEDO FL 85 Zip Code: 32765

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	PVTS	☒ Change ☐ Addition
NAME	FABIN, ROBERT S.	1.2 NAME	FABIN, ROBERT S.	
STREET ADDRESS	1132 CASTLE WOOD TERRACE #110	1.3 STREET ADDRESS	551 BENTLEY ST.	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	EDWARDS, EUGENE A	2.2 NAME		
STREET ADDRESS	1006 BECKSTROM DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	EDWARDS, BECKY	3.2 NAME		
STREET ADDRESS	1006 BECKSTROM DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with no address.

SIGNATURE: Robert S. Fabin
ROBERT S. FABIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 1995 (407) 767-6323
Date Daytime Telephone #

0413484 FP