

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

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90050 037 \*\*\*\*150.00

DOCUMENT # J09915

1. Corporation Name  
**ADVANCED INVESTMENTS UNLIMITED, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2675 CRYSTAL BEACH RD. WINTER HAVEN FL 33880  
 Mailing Address: 2675 CRYSTAL BEACH RD. WINTER HAVEN FL 33880

3. Date Incorporated or Qualified: **04/18/1986**

4. FEI Number: **59-2728669** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #: 22  
 City & State: 23  
 Zip: 24 Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #: 27  
 City & State: 28  
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**CRUM, LYLE C.**  
**2675 CRYSTAL BCH RD**  
**WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUM, LYLE C.	
STREET ADDRESS	2675 CRYSTAL BEACH RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MICHAEL J.	
STREET ADDRESS	1258 CLIPPER BAY CT	
CITY-ST-ZIP	POWDER SPRINGS GA 30127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, LARRY B.	
STREET ADDRESS	16620 WILLOW GLEN DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIGLIO, RICHARD S.	
STREET ADDRESS	2532 LAURELWOOD LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lyle C. Crum **REQUIRED** 1-8-99 941-294-2622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)