Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 045 ***158.75

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**

	<u></u>						
DOCUMENT # H02043 1. Corporation Name THE ADP GROUP, INCORPORATED							
,,,,_,,,							
Principal Place of Business Mailing Address					I 1981#1: #311 #811# (1811 #811 #190# 311) B1911 #1911 B1911 B1911 B1911 B1911	101	
149 COCOANUT AVE 149 COCOANUT AVE							
SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	\neg	
l .					05/03/1984		
2. Principal Pl	2a. Mailing Address			4. FEI Number Applied For			
21		26			59-2381 135 Not Applicat		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Status Desired Fee Required	Í	
22 27 27				Ped Required	-		
City & State City & State					6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Zip				,	This corporation owes the current year Intangible	ヿ	
24	25 29 30				Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
81 Name					3		
PARKER, THEODORE 2033 MAIN ST., SUITE 100 SARASOTA FL 34237			82 Street Ad		t Address (P.O. Box Number is Not Acceptable)		
			L	83			
			83				
			84	City	85 Zip Code		
					FL S Z COOF		
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 tritle if applicable. (NOTE: Registere				nt signature r	a required when reinstatung) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	, 	
12.	PD OFFICERS AND	DELETE	1.1 TITLE		M · Change Add		
NAME	FRANKLIN, BRUCE	<u></u>	1.2 NAME		Houk, Peter		
STREET ADDRESS	149 COCOANUT AVE		1.3 STREE	T ADDRESS	1 1 1 0 6	Ì	
CITY-ST-ZIP	CARACOTA EL		1.4 CITY-ST-ZIP		Sarasota, FL		
TITLE	D DELETE		2.1 TITLE		Change Add	lition	
NAME	TOWN, ROBERT M.,III		2.2 NAME				
STREET ADDRESS	440 000044417 41/5		2.3 STREE	T ADDRESS	3		
CITY+ST-ZIP	SARASOTA FL	÷ .	2. 4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		. Change Add	ition	
NAME	SUAREZ-GONZALEZ, JAVIER		3.2 NAME				
STREET ADDRESS	149 COCOANUT AVE		3.3 STREE	TADORESS	3		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-9	ST-ZIP			

14. Thereby 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 (3 if changes or on the attachment with an oddess, with all other like empowered.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 C/TY-ST-Z/P

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

DELETE

DELETE

☐ DELETE

Change

Change

Change

Addition

Addition

Addition