

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lenka B. Morfitt
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **L02518**
ADRIATIC, INC.

(3)

30 MAY 1995 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: % JOSIP RAGUZ, 2524 P.G.A. BLVD., PALM BEACH GARDENS FL 33410
Mailing Address: % JOSIP RAGUZ, 2524 P.G.A. BLVD., PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Filing Date (Date of Filing or Qualified)	3a. Date of Last Report
07/18/1989	05/01/1994
4. FEI Number	Applied Fee
65-0165829	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This Corporation has liability for intangible tax under S. 199.013, Florida Statutes.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Fax	28. City & State
24. Telephone	29. City & State
25. Telephone	30. City & State

9. Name and Address of Current Registered Agent

RAGUZ, JOSIP
2524 P.G.A. BLVD.
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(c) and 607.01(2)(b), 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 this position. (Write Florida Signature)

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	D RAGUZ, LENKA 1901 TUDOR ROAD JUNO ISLES FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
NAME	D RAGUZ, JOSIP 1901 TUDOR ROAD JUNO ISLES FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	

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 199.013(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report, and all exhibits 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 of changes to officers and directors with an address.

SIGNATURE: JOSIP RAGUZ 5/5/95 407-626-2198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR