## 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 # 204747

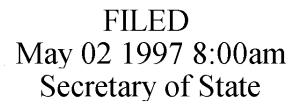
(0)

ADIRONDACK, INC.

Principal Place of Business

1955 S.W. 50TH AVE.

Mailing Address 1955 S.W. 50TH AVE.





FT. LAUDERDALE FL 33317			FT. LAUDERDALE FL 33317-6122											
									Date Incor 08/02/19		Qualified		ate of Las <b>/08/199</b> 6	
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Suite, Apt. #, etc.			26						59-0943	3409				Not Applicable
22		27					5.	Certificate	of Status	Desired			Additional Required	
City & Stat	e	— —	City & State				6. Election Campaign Financing \$5.00 May Be						<b>0</b> May Be	
<b>23</b> Zip		Country	28		T				Trust Fund		<del></del>			d to Fees
24	2		Zip		Oou	ntry								r s. 199.032,
[24]		nd Address of Curre	29  ent Registered	Agent	30				Florida Stal Name and		<u> </u>		No	
SOF	WAB, MICHA					81	Name			7.001000	07 11011 11	ogratoroo	ngont	
1955 S.W. 50TH AVE.						82								
	LAUDERDALI					Street Address (P.O. Box Number is Not Acceptable)								
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						0.4	Oit.						11-5	
						l	City					FL	_	p Code
11. Pursuant office or ragent I a	to the provision registered ager im familiar with	ns of Sections 607.05 nt, or both, in the Stat , and accept the obli	02 and 607.150 te of Florida. Su gations of, Sect	08, Florida Statu ich change was tion 607.0505, F	ites, the at authorized lorida Stat	pove- d by t utes.	named co he corpo	orporation ration's bo	n submits th oard of dire	is statementors. The	ent for the ereby acce	purpose o ept the app	f changing pointment	j its registered as registered
SIGNATURE	Signature, typed or	pointed name of registered as	gent and title if applic	cable (NO	FF: Registered	i Agent	sionalure rec	au red when r	reinstating)	1-5		DATE		
12.			ND DIRECTORS		13.				DDITIONS/	CHANGE	S TO OFFI		DIRECTO	ORS IN 12
TITLE	STD		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	1.1 10	LE							☐ Change	
NAME	DONNER,				1.2 NA	ME								
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CITY-ST-ZIP	PALM BEA	CH FL	<del> </del>			Y - ST -	ZIP							
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NAME STREET ADDRESS		I DEAN BLVD., #3F			2.2 NA									
CITY-ST-ZIP	PALM BEA						DORESS							
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NAME	_	HENRIETTA			3.1 NA				•				L_1 Change	
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STREET ADDRESS					6.2 NA		Vinece							
CITY-ST-ZIP							DURESS							
OILL OL TIL					6.4 CIT	Y-\$1-	Z1P							

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 supplementary innual roport 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 teccivity or firstee suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phants of, or of first or the corporation with an address.