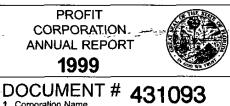
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION. ANNUAL REPORT 1999

ANGLO ADRIATIC, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90276 011 ***150.00

	-						<u> </u>	(FREE BIBLE IBBI	
Principal Place	e of Business	Ma	ailing Address		-					
925 BLOXHAM	STREET		5 BLOXHAM STREET							
LANTANA FL 33462 LANTANA FL 33462							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	<u> </u>		1
1	* •						07/20/1973			l
2 Principal D	lace of Business	20	Mailing Address				4. FEI Number		plied For	┨
	lace of business	— —	Walling Address				1		t Applicable	1
Suite, Apt.	# ata	[26]	Suite Apt # etc				59-1690930		Additional	1
	#, etc.	<u> </u>	Suite, Apt. #, etc.				E Cortificate of Status Desired '	Fee Re		
City & Stat		27							<u> </u>	1
—	9	-	City & State				1		May Be to Fees	
Zip	Country	28	Zip Country			,		—	0 1 663	1
⊢ `	25		210	Country 30			8. This corporation owes the current year Intanc? Personal Property Tax.	r Intano		
24	9. Name and Address of Curre	29	tered Agent	30	Τ.	عف خسان م	10Name and Address of New Registered Agen			. -`-
<u> </u>	s. Haire and Address of Ourie	int itegra	tered Agetit		81	Name	141-112-112-112-112-112-112-112-112-112-			1
TAS	SI, ROBERT				\sqcup					1
925 BLOXHAM STREET					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	TANA FL 33462				83					1
					"					_
	•				84	City	FL ⁸⁵	Zip	Code	1
			07 4500 Ft 11 0-14		لِــا			l ita	internal	┨
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Floric	da. Such change was a	uthorize	d by t	the corporat	rporation submits this statement for the purpose of chan- tion's board of directors. I hereby accept the appointmen	nt as re	gistered	
SIGNATURE										-
OIGHAIGHE	Signature, typed or printed name of registered ac			: Registere	l Agent	signature requi	red when reinstating) DATE			1 6
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DI			. !
TITLE	STD		☐ DELETE	1.1 T	TLE			Change	☐ Addition	;
NAME	TASSI, ROBERT			1.2 N	AME					3
STREET ADDRESS	925 BLOXHAM STREET		•	1.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP	LANTANA FL			1.4 C	TY-ST	-ZiP				_
TITLE	PD		☐ DELETE	2.1 T	TLE			Change	☐ Addition	١,
NAME '	TASSI, BARBARA A.			2.2 N	AME					
STREET ADDRESS	925 BLOXHAM STREET			2.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP	LANTANA FL			2.40	TY-ST	r-zip]
TITLE			☐ DELETE	3.1 T	TLE .			Change	☐ Addition	1
NAME				3.2 N	AME					
STREET ADDRESS	-		المراجعة المسراح	3.3 S	TREET	ADDRESS	المستقيد معمال المادات الماسي المادات المادات			
CITY-ST-ZIP				3.4.0	TZ-YTK	r-ZIP				ļ
TITLE			☐ DELETE	4.1 T	TLE			Change	Addition	
NAME				4.21	IAME					
STREET ADDRESS	1 1			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	!			4.4 C	ITY-ST	-ZIP				
TITLE			☐ DELETE	5.1 T	_			Change	Addition	1
NAME	1			5.2 N						
STREET ADDRESS	74.4			5.3 S	TREET	ADDRESS				-
CITY-ST-ZIP	New Johnson			5.4 C	ITY-ST	-ZIP				
TITLE			☐ DELETE	6.1 T				Change	Addition	1
NAME			· · · · ·	6.2 N	AME		_	-	-	
STREET ADDRESS				6.3 S	TREET	ADDRESS				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS