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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

1, Corporation	MENT # 588314 NAME ADSEN, INC.							
Principal Place	e of Business	Mailing Address			† 100/01 bright namer (area river river) area areas a	*****	Billin Brack (90)	
19829 GULF BO	DULEVARD	19829 GULF BOULEVARD						
INDIAN SHORES FL 33785 INDIAN SHORES FL 33785					DO NOT WRITE IN THE	CDACE		
US		US			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SFACE		1
	·				10/03/1978			
2 Principal D	lace of Business	2a, Mailing Address			4. FEI Number	I A	pplied For	İ
2. Frilicipal Fi		26			59-1851692	<u> </u>	ot Applicable	İ
Suite, Apt.	#etc	Suite, Apt. #, etc					Additional ===	×
22		27	·· – -	-	5. Certificate of Status Desired	Fee R	equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country	у	8. This corporation owes the current year Int			
24	25	29 3	0		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent		ıl vi	10. Name and Address of New Registered	Agent		•
MAD	TIN, JOHN P		81	Name				
	W BAY DR	,	82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		_	Ì
	GO FL 33770		83					ł
LANC	30 1 2 33/70		100	'				
	· · · · · · · · · · · · · · · · · · ·		84	City	FŁ	85 Zip	Code	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	norized by la Statute:	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint of the purpose of	changing its ntment as re	; røgistered egistered	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	an signatura requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	1
TITLE	PTD				7.5517167667.11175	☐ Change	Addition	
NAME	MADSEN, POUL E.							
STREET ADDRESS	16108 6TH ST., E.		1.3 STREET ADDRESS					
CITY-ST-ZIP	REDINGTON BCH. FL 33708			ST-ZIP				
TITLE	VSD DELETE					Change	Addition	'
NAME	MADSEN, CAROL L.		2.2 NAME					
STREET ADDRESS	16108 6TH ST., E.		2.3 STREE	ET ADDRESS				
CITY-ST-ZIP	REDINGTON BCH. FL-33708		2.4 CITY-ST-ZIP					ļ~
TITLE ·	DELETE		3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					ļ
STREET ADDRESS	•		3.3 STREE	ET ADDRESS				}
CITY-ST-ZIP			3.4. CITY-	ST-ZiP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	1
NAME			4. 2 NAME					
STREET ADDRESS	, ,		4.3 STREE	ET ADDRESS				}
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			A 4436	1
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME .			5.2 NAME			de		
STREET ADDRESS	Company of the second s			ET ADDRESS	The Barrier State of the Control of	٠,		
CITY-ST:ZIP		The second second second second	.5.4 CITY-:	ST-ZIP 1 2)	Description of the Control of the Co	☐ Change	Addition	}
NAME 1.C		DELETE WA	6.2 NAME] -				

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS