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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

F94000002794 (5) DOCUMENT #
1. Corporation Name

FILED Feb 13 1998 8:00am Secretary of State

AD-TE	CH MARKETING, INCORPO	RATED				
Principal Play	on of Business	Mailing Address				1140 HIBH 10018 10HH DIRT 1081
Principal Place of Business 6342 NW 24TH ST		*				
6342 NW 24TH ST 6342 BOCA RATON FL 33434 BOCA RATON FL 33434					<u> </u>	
US		US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 05/27/1994	
9 Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
	race of Business	26			13-3733150	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
	radulis, frank l			81 Name		ļ
6342 NW 24TH ST				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BC	DCA RATON FL 33434					
				83		
				84 City		85 Zip Code
					F	L
11. Pursuant	to the provisions of Sections 607.05b	02 and 607.1508, Florida Statu e of Florida, Such change was	ites, the al	oove-named corporation	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes.	on a court of anothers. Thereby accords the ap	sperianorit da regionere
SIGNATURE						
46	Signature, typed or printed name of rogistered ag			d Agent signature require		ID DIDECTORS IN 10
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 II	iie I	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
	STADULIS, FRANK L			Į.		C Calange C Notation
NAME STREET ADDRESS	6342 NW 24TH ST		1,2 N/	·		
STREET ADDRESS	BOCA RATON FL			REET ADDRESS		
CITY-ST-ZIP TITLE	DOON INIOITE	DELETE	2.1 TI	TY-ST-ZIP		Change Addition
			2.1 N	1		Ci otengo Ci vestion
NAME	1			REET ADDRESS		
STREET ADDRESS				· ·		
CITY-ST-ZIP TITLE	—	DELETE	3.1 Ti	HTY-ST-ZIP		Change Addition
NAME			3.1 N			
STREET ADDRESS				REET ADDRESS		
				TY-ST-ZIP		
CITY-ST-ZIP TITLE	 	☐ DELE TE	4.1 10			☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS	İ			REET ADDRESS		
CITY-ST-ZIP				TY - ST - ZIP		
TITLE		☐ DELETE	5.1 11			Change Addition
NAME		•	5.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			•	TY-\$T-ZIP		
TITLE		DELET e	6.1 10	——————————————————————————————————————		Change Addition
NAME						
	İ	_	6.2 NA	i i		
STREET ADDRESS		_		i i		

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.