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PROFIT ' CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003351 1. Corporation Name

AD 411 INC.

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90089 019 ***150.00



Principal Place	of Business	Mailing Address				- I (##III## It!#)#JI# #III!# ##I!# @##II ##II!# ##II!#		
6555 N POWERLINE RD 25 PELICAN PT DR								
#304 #203 FT LAUDERDALE FL 33309 DELRAY BCH FL 33483						DO NOT WRITE IN THIS SPACE		
FT LAUDERDALE FL 33309 DELRAY BCH FL 33483 US US						3. Date Incorporated or Qualifed		
						07/01/1996		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21 25 7	Elican PLDK	26				65-0669183		ot Applicable
Suite, Apt. #		Suite, Apt. #, etc.				5. Certificate of Status Desired	·	Additional
22 20	<u> </u>	27				3. Control of Carte Deline		equired
City & State		City & State				6. Election Campaign Financing	•	May Be
23 2061	an Kell	28	C			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	nuy		 This corporation owes the current year In Personal Property Tax. 	Yes	□No
24 3348	9. Name and Address of Current	29 3	FU	_		10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81 Nan	10	IV. Italia and I		
MAIM	IONE, THOMAS R II					D. C. D. Mark Assemble		
	ELICAN PT DR			82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
203				83			_	
DELA	YAY BCH FL 33483						as Zin	Code
<u>'</u>	. '			84 City		FI	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the a	pove-nam	ed corpo	pration submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut ions of, Section 607,0505, Florid	horized la Stati	l by the co utes.	rporatio	n's board of directors. I hereby accept the appo	Munent as re	gistered
į		~ &				al lei		l
SIGNATURE								
Ĭ	Slowers, types or printed name of registered agent	and title if applicable. (NOTE: R	legistered	Agent signat	re required	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		beriupen en	ADDITIONS/CHANGES TO OFFICERS A		
	OFFICERS AND		13.	TLE.	beriupen en		ND DIRECTO	ORS IN 12
12. TITLE NAME	PD MAIMONE, THOMAS R II	DIRECTORS	13. 1.1 π 1.2 N/	TLE IME				
12.	PD MAIMONE, THOMAS R II 25 PELICAN POINT DR., #203	DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST	TLE LME REET ADDRE				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIMONE, THOMAS R II 25 PELICAN POINT DR., #203 DELRAY BEACH FL 33483	D DIRECTORS DELETE	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 CI	TLE IME REET ADDRE			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MAIMONE, THOMAS R II 25 PELICAN POINT DR., #203 DELRAY BEACH FL 33483 STD	DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI	TLE: ME REET ADDRE TY-ST-ZIP				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MAIMONE, THOMAS R II 25 PELICAN POINT DR., #203 DELRAY BEACH FL 33483 STD KEY, WILLIAM K	D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA	TLE ME REET ADDRE TY-ST-ZIP TLE	ss		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MAIMONE, THOMAS R II 25 PELICAN POINT DR., #203 DELRAY BEACH FL 33483 STD KEY, WILLIAM K 699 NW 16TH AVE.	D DIRECTORS DELETE	13. 1.1 m 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST	ILE ME REET ADDRE IY-ST-ZIP ILE ME REET ADDRE	ss		Change	Addition
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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.

561 243 PSGS-