## 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

DOCUMENT # **H98418** 1. Corporation Name

ADX OVERSEAS CORPORATION

Country

9. Name and Address of Current Registered Agent

25

Principal	Place	of	Business

2. Principal Place of Business

6741 W. SUNRISE BLVD., SUITE 30

%ALAN RABINOWITZ PLANTATION FL 33313

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

6741 W. SUNRISE BLVD., SUITE 30 %ALAN RABINOWITZ

PLANTATION FL 33313

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

28

29

Zip

## Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90002 003 \*\*\*150.00 08-23-1999 90002 004 \*\*\*400.00



	DO NOT WRITE IN THIS SPACE					
	3. Date Incorporated or Qualifed	-				
	02/10/1986					
	4. FEI Number	Applied For				
	59-2651409	Not Applicable				
-	5. Certifcate of Status Desired	\$8.75 Additional Fee.Required				
	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	r Intangible Yes No				
	Name and Address of New Registe	red Agent				

		81	Name		
rabinowitz, Alan 252 NW 101ST AVE	The state of the s	82	Street Address (P.O. Box Number is Not Acceptable)		
	PLANTATION FL 33324	83			
		84	City FL 85 Zip Code		
			and a second to a submit a this statement for the purpose of changing its registered		

Country

30

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of fice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered statutes.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNAȚURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung)  DATE									
12.	OFFICERS AND DIRECTORS	13.		S TO OFFICERS AND DIRECTO	RS IN 12				
TITLE	PD DELET	TE 1.1 TITLE		☐ Change	☐ Addition				
NAME	RABINOWITZ, ALAN	1.2 NAME							
STREET ADDRESS	252 NW 101ST AVE	1.3 STREET ADDRESS							
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP							
TITLE	☐ DELE	TE 2.1 TITLE		Change	Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2.4 CITY-ST-ZIP		<u>.</u>					
TITLE	☐ DELE	TE 31 TITLE		☐ Change	☐ Addition				
NAME	•	3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELE	TE 4.1 TITLE		☐ Change	Addition				
NAME		4.2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELE	TE 5.1 TITLE		☐ Change	Addition				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELE	TE 6.1 TITLE		☐ Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP							
14 I hereby s	ertify that the information supplied with this filing does not gua	lify for the exemption stated	in Section 119.07(3)(i), Florida	Statutes. I further certify that the	information				

pined with this limit does not quality in the complete and that my signature shall have the same legal effect as if made under oath; that I am an the rejeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in indicated on this annual report of officer or director of the corporali Block 12 or Block 13 if changed,

SIGNATURE: