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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J25701

poration Name	·· 020/01	
HADD OLADK	& ACCOCIATES INC	

(0)

**FILED** Apr 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					J - 4 CERCINA PICA LIBER BILLI INDER ABIRI LIBE ALDRI BIRLI BIRLI BIRLI BIRLI BIRLI BIRLI BIRLI					
11875 WALKER SEMINOLE FL 3 US	AVENUE NORTH- 2776 —	1 <del>1875 WALKER AVENUE NORTH-</del> SEMINOLE FL 33772-7128 US								
03		03					3. Date Incorporated or Qualified 3a. Date of Last Report			•
9 Principal Pl	ace of Business	On Maili	ng Address	· · · · · · · · · · · · · · · · · · ·		····	07/24/1986 4. FEI Number	12/2	3/1996	
z, ennciparei	ace of business	<del></del>	11895	111.0	<i>h.</i>	a AVEN			h	Applied For
21 // 8	95 Walker ave N	26 Suite	, Apt. #, etc.	was	m	A MAC VO	59-2695364	·····	<del></del>	Not Applicable
22	#, etc.	27	, др. #, ос.				5. Certificate of Status Desired		•	Additional Required
City & State	₽		& State				6. Election Campaign Financing	··		May Be
23		28					Trust Fund Contribution			d to Fees
Zip 337	Country	Zip		Cou	ntry	,	8. This corporation has flability for i	ntangible t	ax under	s. 199.032,
24 337		29		30				Yes [		
	9. Name and Address of Current	Registered	Agent				10. Name and Address of New Re	gistered A	gent	
	rk, richard				81	Name				
1189	5 WALKER AVE N			İ	82	Street Addres	ss (P.O. Box Number is Not Acceptab	ole)		
SEMI	NOLE FL 33778									
					63					
				ł	84	City			85 Zi	p Code
								<u> </u>		
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Su tions of, Sect	ich change was tion 607.0505, F	authorized Iorida Stati	d by utes	the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	ot the appo	ointment	as registered
SIGNATURE	Signature, typed or printed name of registered agen	I and tale it applic	able (NO	TE: Registered	i Age	ent signature required	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	P		☐ DELETE	1.1 111	LE	1			Chang	e 🔲 Addition
NAME	CLARK, RICHARD			1 2 NA	ME					
STREET ADDRESS	11895 WALKER AVENUE NORT	Н		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33778			1.4 01	1Y - S	ST-ZIP				
TITLE			DELETE	2.1 TIT	TLE.			1	Chang	e 🔲 Addition
NAME				2.2 NA	ME					
STREET ADDRESS				2.3 ST	REET	ADDRESS				
CITY-ST-ZIP				2.4 CI	ITY- (	ST - ZIP				
TITLE			☐ DELETE	3.1 111	īt E				Chang	e 🔲 Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			T DE TAN	3.4. CI		ST+ ZIP			- 1 e-	·
TITLE			DELETE	4 1 TIT				l	Chang	e Addition
NAME				4.2 N		- 1				
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP		<del></del>	DECER	4.4 Ci		ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Obser-	A 2011
TITLE			☐ DELETE	5.1 TO					Chang	e Addition
NAME				5.2 NA						
STREET ADDRESS				5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			FT 55	5.4 CI		T-ZIP				
TITLE			☐ DELETE	6.1 317				l	Chang	e 🔲 Addition
NAME				6.2 NA	ME					
STREET ADDRESS				72 E 6	REET	ADDRESS				
CITY-ST-ZIP				6.4 CI						
بالمعجما ملسل فالعا	مما ومصيب ممانع مستهارة مطلا فمبلا بالأنام مستريب	سانة منطة طفنييا		libi for tha	-	mation atotad i	in Contian 110 07/2Vi) Florida Statuta	a lifudhar	andifu th	at the

I do 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.