## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF CO	RPORATIONS		
DOCUN 1. Corporation		(1)			
E. J. AD	RIAN ENTERPRISES, INC.				
	,				
Principal Place	of Business	Mailing Address			
SOID N. HESTE	FIDES ST	13.1 A. (1911)	n	e -	
		OT M. Caylega Sc. 361	តែ <b>ា</b>		
US		ा (1mga) हो, ३३ - ४ च्यार विक्रिकेट हो,	anticattle 3	3. Date Incorporated or Qualified 07/01/1988	<b>3a.</b> Date of Last Report <b>05/01/1995</b>
2. Principal Pla	ce of Business	2a, Mailing Address	Halletts Constitution.	4. FEI Number	Applied For
21	<b>-</b>	26		59-2895198	Not Applicable
Suite, Apt. #	h·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for int	
24	25 25 2 25 2 25 2 25 2 25 25 25 25 25 25	29 3	0	Florida Statutes Yes  10. Name and Address of New Re	
	9. Name and Address of Current in	egistered Agent	81 Name	A	<del></del>
			PO Charat Add	EDWARD J ADRI ess (P.O. Box Number is Not Acceptable	
1998 A STANDARD TO STANDARD STANDARD			14501	W. CAYUGA ST.	* # B
	den en la companya de		83		
Marie III	13 13 13 13 13 13 13 13 13 13 13 13 13 1		B4 City 01	7.	85 Zig Çode,,,
	0.70707	1 007 1000 Flatin Old In	100	<i>TL</i>	FL   33C/Y
or registere	o the provisions of Sections 607.0502 and ad agent, or both, in the State of Florida 3 n, and accept the obligations of, Section	3 607, 1508, Florida Statutes, 1 Such change was authorized I	oy the corporation's boar	ation submits this statement for the purpled of directors. I hereby accept the appole	ntment as registered agent. I am
•	n, and accept the obligations of, Section i	607.0505, Florida Stat <b>utes</b> .			
SIGNATURE	Signature, typed or printed name of registered agent and	inte if applicable (NOTE: F	Registered Agent signature required	d when reinstating)	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P P P P P P P P P P P P P P P P P P P	DELETE	1.1 TITLE	EDWARD ADRIAM 1501 W Cayuga S	Change Addition
NAME	Adrian, Edward J. 5010 N. Hesperides Street			1501 W Cayuga Se	f #B
STREET ADDRESS	TAMPA FL 33614		1.4 CITY-ST-Z:P	TPA 33814 71	
Dity-St-ZiP Title	TAME A F L 33014	☐ DELETE	2. 1 TITLE	19:1 DOPT 1L	Change Addition
NAME			2.2 NAME		-
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME					
			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	3.3. STREET ADDRESS 3.4 CITY+ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ DELETE	3.3. STREET ADDRESS		Change Addition
CITY-ST-ZIP		□ DELETE	3.3. STREET ADDRESS 3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME			3.3. STREET ADDRESS 3.4 CITY - S1 - ZIP 4. 1 TITLE 4.2 NAME	30000180	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELETE	3.3. STREET ADDRESS 3.4 CHY - S1 - ZIP 4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS	30000180 -05/02/36010	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME			3.3. STREET ADDRESS 3.4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	30000180 -05/02/960100 ***200.00	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 releiver or further empowered to execute his report as required by Chapted 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Changed, or on an attackment with an address.

SIGNATURE:

GNING OFFICER OR DIRECTOR