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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # K95715

AAADRAAL	ADE	WAREHOUSES	ONE INO
MAKMAI	AI JE	WAREHULISES	DNE INC

Principal Place o	of Business	Mailing Address		1400/01/14 250 36/01 0//// 10/00/ 1/	FO) B#AF Q400) 01011 018#A 01011 01011 41011 1001
225 E. ROB	% DAVID L. EVANS 225 E. ROBINSON ST., SUITE 600 ORLANDO FL 32801 % DAVID L. EVANS 225 E. ROBINSON ST., SUITE 600 ORLANDO FL 32801		ST., Suite 600	3. Date Incorporated or Qualified	3a. Date of Last Report
# FM			T 7714	06/13/1989	01/19/1995
_ 2. Principal Piar 21	oe of Business	2a. Mailing Address		4. FEI Number	Applied For
.€1] Suite, Apt. #	. etc.	26	· · · · · · · · · · · · · · · · · · ·	59-2954399	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Po
23		28		Trust Fund Contribution	Added to Fees
Zη. 24	Country 25	Zip	Country 30	8. This corporation has liability for in	
.571	9. Name and Address of Cu	29 urrent Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	
		<u>-</u>	81 Name	10, riamo ana Adalosa di Nobi II	oğisteran Marit
EVANS	, DAVID L.		82 Street Add	/DO Day Number is Not Assemble	
225 E.	ROBINSON ST.		Street Add	ress (P.O. Box Number is Not Acceptable	e)
Suite (83		
ORLAN	DO FL 32801		84 City		85 Zip Code
			,	ration submits this statement for the purp	
SIGNATURE	a istore, typed or pointed name of aujete ed	Section 607.0505, Florida Statute	D'E Registered Agent signature require	od when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDECTORS IN 12
TIFLE	D	☐ DELET E	1. 1 TITLE	ADDITIONS/OFFANGES TO GET	Change Addition
NAME	evans, david L.		1.2 NAME		
STREET ADDRESS	225 E. ROBINSON ST.	#600	1 3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		1.4 CHY - ST - ZIP		
III.£		DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME CTUBLE ADAPTICE			2 2 NAME		
STREET ADDRESS CITY ST-ZIP			2.3 STREET ADDRESS		
TILL		DELETE	2 4 CITY - S1 - ZIP 3 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY ST ZiP			3 4 CiTY - ST - ZiP		
TILE		☐ DELETE	4. 1 TITLE		Change Addition
NAM:			4.2 NAME		
SPECT ADDRESS			4.3 STREET ADDRESS		
CHY-SI-ZIP			4 4 City - St - ZiP		
NAME		octen	5 1 TITLE 5 2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
City - S1 - ZiF			5 4 CITY - ST - 2IP		
TIFLE		DELETE	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CHY-ST ZIF	and for the state of the state	Control Manager	G 4 CITY - ST - ZIP		
oath; that La	an officer or director of the c	annua: report of suppliantental and	iual report is true and accura e empowered to execute thi	or the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	como logal affect de li manda conde-

SIGNATURE:

Fresi Dant 1-19-96 (407) 425-9044