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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #**

1. Corporation Name

ADMO COLMANDATIONIC INC

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90057 007 \*\*\*158.75

	OMMUNICATIONS, INC.							
Principal Plac	e of Business	Mailing Address				-	10 1315 B1851 B1851 B1811 <b>3</b> 3811	L BLOCK BLOCK KUDI
1908 HOWELL WINTER PARK US		1908 HOWELL BRANCH WINTER PARK FL 32733 US	HU.			3. Date Incorporated or Qualifed	E IN THIS SPACE	
	lace of Business	2a. Mailing Address				01/17/1990 4. FEI Number	<u> </u>	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-3019422	<b>40 75</b>	Not Applicable Additional
22	n, o.c.	27				5. Certificate of Status Desired		Required
City & Stat	e	City & State				6. Election Campaign Financing		May Be
Zip	Country	Zip	Cou	ntry		Trust Fund Contribution  8. This corporation owes the curre		to Fees
24	25	29 .	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	····	ļ.,		10. Name and Address of New R	egistered Agent	
A DV	O TUOMAC D			81 N	lame			
4340	O THOMAS R WATERMILL AVE			<b>82</b> S	treet Addre	ss (P.O. Box Number is Not Acceptal	ble)	
ORL	ANDO 32817			83			自然经验的数	
,				84 C	City			Còde
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, F	authorized Florida Stat	l by the utes.	corporation	n's board of directors. I nereby accept	t the appointment as t	ts registered registered
	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered	Agent sig	nature required:	when reinstation)	DATE	1
	· OFFICEDS AN							ORS IN 12
TITLE		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		
TITLE NAME	PD ARVO, TOM	D DIRECTORS	13.	TLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	
TITLE  NAME  STREET ADDRESS	PD ARVO, TOM 4340 WATERMILL AVE	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET ADI	DRESS	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	
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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 opporation or the receiver or Irusee 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.

SIGNATURE: