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PROFIT CORPORATION ANNUAL REPORT

- 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90039 027 ***150.00

DOCUI 1. Corporation	MENT # L87317			1	
ADAGIRL	_, INC.			1 100 110 1 100 1	kieri altii Biari aläli äläli (ää)
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Principal Place	e of Business	Mailing Address		E 10011011 200 10111 10000 11101 11011 1001 01011	DINIS NINES NINES RENES NINES CONS
6617 CENTRAL	•	6617 CENTRAL AVE			•
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710			DO NOT WRITE IN THIS	SPACE	
	•			3. Date Incorporated or Qualifed	
•				07/17/1990	
2. Principal P	lace of Business	2a. Mailing Address	···	4. FEI Number	Applied For
21		26		59-3020177	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		A Station Company Singular	\$5.00 May Be
23		28	٠	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
B∆C	H, PATRICIA E	•		BACH PATRICIA E	<u> </u>
12231-91ST WAY NORTH			82 Street A	ddress (P.O. Box Number is Not Acceptable)	South
LARGO FL 34640			83	230 SIST STREET	2000 M
			84 City C-	T. PETERSBURG FL	85 Zip Code 33707
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named c	ornoration submits this statement for the purpose of	f changing its registered
		of Placida Cook abando woo out	harizad by the carnor	ation's board of directors. I hereby accept the appo	intment as registered
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 607.0505, Florid	ta Statutes.	ation's board of directors. I hereby accept the appo	•
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.		
agent. I a	m familiar with, and accept the obligat	nt and title if applicable. (NOTE: R	oa Statutes.	uired when reinstating) DATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of the state of registered egen of FICERS AN	tions of, Section 607.0505, Florid and title if applicable. (NOTE: R ID DIRECTORS	as Statutes. legistered Agent signature rec	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
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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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-606-213-400-7