

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90010 002 ****75.00

DOCUMENT # N49543

1. Corporation Name

A- DRAMATIZED WORD INC.

Principal Place of Business

20520 BISCAYNE BLVD.
BUILDING #1
NORTH MIAMI BEACH FL 33180

Mailing Address

20941 NE 25 CT
NORTH MIAMI BEACH FL 33180



2. Principal Place of Business

21 19 W. Hallandale Bch Blvd

Suite, Apt. #, etc.

22 Hallandale

City & State

23 Florida

Zip 33009 Country

24 33009 25

2a. Mailing Address

26 19 West Hallandale

Suite, Apt. #, etc.

27 Beach Blvd.

City & State

28 Hallandale

Zip 33009 Country

29 33009 30 BROWARD

3. Date Incorporated or Qualified

06/24/1992

4. FEI Number

65-0343378

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NWAABI, NIKRU
20941 NORTH EAST 25TH CT
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name

GLORY P. INWANG

82 Street Address (P.O. Box Number is Not Acceptable)

19 West Hallandale Beach Blvd

83

Hallandale

84 City

FL

85 Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

GLORY P. INWANG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

7/1/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PATRICK, VICTOR I
STREET ADDRESS 13015 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33180

TITLE D ☐ DELETE

NAME NWAABI, NIKRU
STREET ADDRESS 20941-NE-25TH CT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE

NAME EKPENYONG, EDMMA
STREET ADDRESS 170 NE 158 ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE

NAME D MEROY MILDRED
STREET ADDRESS 14560 NE 6TH AVE
CITY-ST-ZIP N. Miami Beach FL 33162

TITLE D ☐ DELETE

NAME D GLORY P. INWANG
STREET ADDRESS 19 W Hallandale Bch. Blvd
CITY-ST-ZIP Hallandale - FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)