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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P9300000848 (0)

1.	Corporation Name		
	ADMICIONI ENTERDIDICEO	IMA	

AUVISI	ION ENTERPRISES, INC.									
Principal Place	of Business	Mailing Address				1 (DB) 184 (D) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		AM ORIGINAL)(1 0100! (011 (801	
505 S FLAGLER DR SUITE 1325 WEST PALM BEACH FL 33401		505 S FLAGLER DR SUITE 1325 WEST PALM BEACH FL 33401								
US		US				3. Date Incorporated or Qualified 12/30/1992		e of Last F 4/14/19		
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0393053	Applied For Not Applicable					
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Add			5 Additional Required			
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Ζιρ 24	Country 25	Zip 29	30 Co.	ıntry	/	8. This corporation has liability for Florida Statutes	intangible t			
	Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered	Agent		
				81	Name					
EISSEY, E M 505 S FLAGLER DR				82	Street Add	dress (P.O. Box Number is Not Acceptat	s (P.O. Box Number is Not Acceptable)			
SUITE 1325				83						
WEST P	ALM BEACH FL 33401			84	City		FL	85 Z	ip Code	
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authoriz	ed by the a	corp	named corpo oration's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	roope of ob	inging its registered	registered office d agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NC	OTF: Registered	Agy)r	N signature requir	red when reinstating	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	
TITLE	Р	☐ DELETE	1.17	ITLE			· · · · · · · · · · · · · · · · · · ·	Change		
NAME	EISSEY, E MICHAEL J		1.2 N	AME			_	_ •		
STREET ADDRESS	720 7TH CT		1.3 S	TREE I	ADDRESS	•				
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CI	ITY-S	ST-ZIP					
TITLE	VP	DELETE	2.1T	ITLE			[Change	☐ Addition	
NAME	KIESZKOWSKI, VIRGINIA		2.2 NAME							
STREET ADDRESS	128 2ST WAY		2351	REET	ADORESS					
CITY-ST-ZIP	W PALM BEACH FL		2 4 C	IY-S	1 - ZIP					
TITLE		☐ DELETE	3 1 T	ITLE			(Change	■ Addition	
NAME			3 2 N/	AME						
STREET ADDRESS			3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP TITLE		DELETE			T-ZIP					
NAME		[] tetelt	4.17				L	Change	☐ Addition	
STREET ADDRESS			4.2 NA		1000000					
CITY-ST-ZIP					ADDRESS					
TITLE		DELETE	5. 1 Ti	TY - S	1-ZIP		г	7 Change	Addition	
NAME			5.2 NA				L	_ Change	ROOMON	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			5.4 CI							
TITLE		☐ DELETE	6 1 T)				Γ	Change	☐ Addition	
NAME			62 N	AME			_	-	_	
STREET ADDRESS			6 3 ST	REET	ADDRESS					
CITY-ST-ZIP			6400	TY-S	T-ZIP					
oath; that I	the information indicated on this about	ai report or supplemental anni ation or the receiver or truster	ual report i: e empower	e trii	A SOCIETY	for the exemption stated in Section 119, ate and that my signature shall have the is report as required by Chapter 607, Fk	como local	affact as if	facedo under	

SIGNATURE:

Fresident Eissey10796

407-655-5337