PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044429

rporation	Name	UUUU	•									
ADRE.	. INC.											
	, ,,,,,,							1 SENISMAL (IN 1888) (1811 AND IN 1881) AND IN 18	ini er il a n		10 (2012 102) (10 0)	
Principal Place of Business Mailing Address								- - - - - - - - - - - - - - - - - - -	IIII Batil Ali	III B aba bii		
205 S. HOOVER				205 S. HOOVER								
STE. 301			STE. 301									
TAMPA FL 33609			TAMPA FL 33809									7
			US					· ·				
												4
2. Principal Place of Business			2a. Mailing Address						<u>''</u>	-		
21			26			59-3189665				4		
Suite, Apt. #, etc			Suite, Apt. #, etc.					5. Certificate of Status Desired]			- -
2			27								-	4
City & State			City & State			6. Election Campaign Financing \$5.00 May Be						
			28								d to Fees	┨
			Ы	, , , , , ,		intry						
			29		30							-
	9. Name and Ad	dress of Current F	Regist	tered Agent		04	Nama	10. Name and Address of New Reg	stered A	gent		┪
CDO	CHET MICHAEL	ı				0'	Name					
							Street Addre	ess (P.O. Box Number is Not Acceptable)			1
1												4
IAMI	'A FL 33047					83						
						84	City	A CONTRACTOR OF THE CONTRACTOR	- E	85 Zi	Code	1
							'					4
ursuant t	o the provisions of S	Sections 607.0502 a	and 60)7.1508, Florida Sta	itutes, the a	bove Lbv	e-named corpo the corporatio	oration submits this statement for the pur in's board of directors. I hereby accept th	pose of c e appoint	nanging ment as	ts registered registered	
nce or re gent. I an	gistered agent, or b n familiar with, and a	accept the obligation	ns of,	Section 607.0505,	Florida Stat	utes.		no board of directors, the boy assept an				ł
ATURE												1
10112	Signature, typed or printed i					Agen	nt signature required			DIDEO	TODO IN 40	┨
		OFFICERS AND	DIRE					ADDITIONS/CHANGES TO OFFIC	ERS ANI			Н.
				["] DELETE						Chang		1
-						_						
ADDRESS		RD.			1.3 \$	TREET	TADDRESS					
- ZIP	TAMPA FL	*****					T-ZIP				- D Addition	Η.
				∐ DELETE						unang	- Madigor	
]	•						_				. ≃	_
ADDRESS	* • • • • • •			الاست – ميجيدي	2.3 \$	TREET	TADORESS -					1
-ZIP							ST- ZIP				_ FT & JJ#	4
					■ 24 T						e []] Additior	
				☐ DELETE	3.131	TLE						1
				☐ DELETE	3.1 Si					L] Chang		1
ADDRESS				☐ DELETE	3.2 N	AME	T ADDRESS			∐ Chang		
ADDRESS	·			□ DELETE	3.2 N 3.3 S	AME TREET	T ADDRESS ST-ZIP					
	٠.			☐ DELETE	3.2 N 3.3 S 3.4. C	AME TREET	1			☐ Chang	e	
	- 1				3.2 N 3.3 S 3.4. C	AME TREET	ST-ZIP				e	
	••		···········		3.2 N 3.3 S 3.4. C 4.1 TI 4. 2 N	AME TREET SITY-S TLE IAME	ST-ZIP		_		e	
- ZIP ADDRESS	·.				3.2 N 3.3 S 3.4. C 4.1 TI 4. 2 N 4.3 S	AME TREET SITY-S TLE IAME	ST-ZIP T ADDRESS			☐ Chang		1
- ZIP	· · · · · · · · · · · · · · · · · · ·				3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C	AME TREET TILE IAME TREET	ST-ZIP T ADDRESS					1
- ZIP ADDRESS				□ DELETE	3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C	AME TREET TILE TREET TREET TTY-S' TILE	ST-ZIP T ADDRESS			☐ Chang		1
- ZIP ADDRESS				□ DELETE	3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N	AME TREET TILE IAME TREET TIY-S TILE AME	ST-ZIP T ADDRESS			☐ Chang		1
	al Place HOOVER 1 FL 3360 cipal Pla e, Apt. # & State CROC 5014 TAMF Irsuant trice or reent. I an TURE ADDRESS ZIP	ADRE, INC. al Place of Business HOOVER 1 FL 33609 cipal Place of Business e, Apt. #, etc. 25 9. Name and Ad CROCHET, MICHAEL 5014 BELMONT RD E. TAMPA FL 33647 created agent, or beent. I am familiar with, and a current agent. TURE Signature, typed or printed. PD CROCHET, MICHAEL SIGNATURE SIGNATURE TAMPA FL ADDRESS ADDRESS	ADRE, INC. al Place of Business HOOVER 1 FL 33609 cipal Place of Business e, Apt. #, etc. & State Country 25 9. Name and Address of Current F CROCHET, MICHAEL J 5014 BELMONT RD E. TAMPA FL 33647 circular to the provisions of Sections 607.0502 a control of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with, and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of the state of ent. I am familiar with and accept the obligation of ent. I am familiar with an ent. I am familiar with a state of ent. I am familiar with a state of ent. I am familiar with a sta	al Place of Business HOOVER 1 205 1 STE FL 33609 Cipal Place of Business e, Apt. #, etc. 28 Country 29 9. Name and Address of Current Regist CROCHET, MICHAEL J 5014 BELMONT RD E. TAMPA FL 33647 CROCHET, MICHAEL J Signature, typed or printed name of registered agent and title is OFFICERS AND DIRE PD CROCHET, MICHAEL Signature, typed or printed name of registered agent and title is OFFICERS AND DIRE TAMPA FL ADDRESS ADDRESS	ADRE, INC. al Place of Business HOOVER 1	ADRE, INC. al Place of Business	ADRE, INC. al Place of Business HOOVER 1	ADRE, INC. al Place of Business HOOVER 1	ADRE, INC. al Place of Business Mailing Address HOOVER 15	ADRE, INC. al Place of Business	ADRE, INC- al Place of Business	ADRE, INC. al Place of Business

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Change

Addition

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90022 018 ***150.00