FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

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

03-23-1999 90056 024 ***158.75

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000047838**1. Corporation Name

SIGNATURE:

ADRIATIC HOLDINGS, INC.

Principal Place of Business Mailing Address									imili filist militi di	1111 88 111 48 118	91831 1 3481 1 318 3	16501 1861 1881	
14231 NORTH BAYSHORE DRIVE		14231 NORTH BAYSHORE DRIVE)								
MADEIRA BEAC			BEACH FL 33708										
`** *** ***					نخا				O.NOT.WR		SPACE .		
								Incorporated 08/1993	l or Qualifed				
2. Principal P	lace of Business	2a. Maili	ng Address				4. FEI	Number			Apı	plied For	
<u> </u>		26					65-	0427514			No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					# Cort	ifcate of Statu	e Desired	×	\$8.75 △		
12		27					S. Cen	il Cate Of State	as Desired		Fee Re	quired	
City & State		City & State					6, Elec	tion Campaig	n Financing		\$5.00	May Be	
		28	28				Trus	t Fund Contri	bution		Added to	o Fees	
Zip Country		Zip	Zip Cou				8. This	8. This corporation owes the current year Intangible					
24	25	29		30				onal Property				□No	
	9. Name and Address of Curre	nt Registered	Agent				10. Nan	ne and Addre	ss of New	Registered	Agent		
	TOO EDWARD I				81	Name							
	TOS, EDWARD J			ŀ	82	Street Ac	dress (P.O. B	ox Number is	Not Accept	able)			
	62ND AVENUE SOUTH			1	-				·				
SI. I	PETERSBURG FL 33712				83								
					84	City					85 Zip C	Code	
				1		•				FL	• 1 T L		
11. Pursuant	to the provisions of Sections 607,050 egistered agent, or both, in the State	02 and 607.150	8. Florida Statut	es, the at	ove	named co	rporation sub	mits this state	ment for the	purpose of	changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	etions of, Secti	on 607.0505, Flo	umonzeu rida Statu	rby ແ ntes.	ne corpora	ation s board c)i girectors. T	ileleby acce	pt tile appo	munem as rej	giotored	
•	, ,												
CIGNATURE		•											
SIGNATURE	Signature, typed or printed name of registered ege	ent and title if applica	able. (NOTE	Registered	Agent	signature requ	uired when reinstati			DATE			
SIGNATURE	OFFICERS AI	ent and title if applica	RS	13.	_	signature requ			IGES TO OF		ND DIRECTO		
	OFFICERS AF				_	signature requ			IGES TO OF		ND DIRECTO	RS IN 12	
12.	OFFICERS AT D POLUTNIK, DANIEL		RS	13.	LE	signature requ			IGES TO OF				
12. TITLE	OFFICERS AT D POLUTNIK, DANIEL 14231 NO BAYSHORE DR		RS	13. 1.1 TIT 1.2 NA	LE ME	signature requ			IGES TO OF				
12. TITLE NAME	OFFICERS AT D POLUTNIK, DANIEL		DELETE	13. 1.1 TIT 1.2 NA	LE ME REET/	ADDRESS			IGES TO OF		☐ Change	Addition	
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6.4 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 empoyed 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.