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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050580

AMERICAN DELIVERY SYSTEMS, INC.

Principal Place of Business		Mailing Address		ı regirber şiğ iğind lifil di	ili 89114 E8111 6855	DI BRIDA BEGER	ASTAN CANDI AMIN SAMI	
6309 STIRLING RD SUITE 195		6309 STIRLING RD		•				
DAVIE FL 33314		SUITE 195 Davie FL 33314		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Quali		SPACE	
					07/14/1993	icu .	71	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0437733		\vdash	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.7	5 Additional	
City & State		27		5. Certificate of Status Desired	d 🗆		Required	
City & State		City & State		6. Election Campaign Financi	ng _	\$5.6	00 May Be	
Zip Country		28		Trust Fund Contribution Added to Fees				
<u> </u>		Zip Country		8. This corporation owes the d	current year In	tangible		
24	9. Name and Address of Curren	1 Bonistered Acous	30	···-	Personal Property Tax.		Yes	□No
-	3. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of Ne	w Registered	Agent	
BAI	LEY, EDWARD L	4,	"	Name				
7400 STIRLING RD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)				
SUF	TE 217			<u> </u>		166 0 156 0	case contra	******* 19 5, 951, 1921
HOL	LLYWOOD FL 33024		83	İ				建制料建设。
			84	City	18 9 (457) (12 8 3 2 2 2 4 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3 g = 40 s 25 2 g :	85 Z	ip Code
11 Pursuant	to the provisions of Spations 507 0500	2 and 607 1500 Florida Division		<u> </u>	·	F <u>L</u>	1 1	-
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligate	z and 607.1508, Florida Statuti of Florida. Such change was a	es, the above uthorized by	e-named cor the corporat	poration submits this statement for t	he purpose of	changing	its registered
10	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes		and bear of an outpro. Thereby bo	copt the appoi		registered
SIGNATURE								
SIGNATURE	Signature hand as printed as no of assistant		_			•	•	
12.	Signature, typed or printed name of registered agent			nt signature requir	ed when reinstating)	DATE		
	Signature, typed or printed name of registered agent OFFICERS AND	D DIRECTORS	13.	nt signature requir	ADDITIONS/CHANGES TO (
12.	OFFICERS AND		13. 1.1 TITLE	nt signature requir			ID DIREC	
12.	OFFICERS AND D COSMANO, JEROME D	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO (
12. TITLE NAME STREET ADDRESS	D COSMANO, JEROME D 6309 STIRLING RD #195	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDITIONS/CHANGES TO (
12. TITLE NAME	D COSMANO, JEROME D 6309 STIRLING RD #195 DAVIE FL 33314	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS	ADDITIONS/CHANGES TO (☐ Chang	ge Addition
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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 any address, with any other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP