

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000057 (7)

1. Corporation Name

ADREM PROFILES, INC.



Principal Place of Business

Mailing Address

8910 NORTH DALE MABRY HWY.
SUITE 30
TAMPA FL 33614

8910 NORTH DALE MABRY HWY.
SUITE 30
TAMPA FL 33614

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

01/13/1995

4. FEI Number

59-3215897

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

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HOLLAND, JOHN L JR.
8910 N. DALE MABRY HWY.
SUITE 30
TAMPA FL 33614

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HOLLAND, JOHN L JR.
STREET ADDRESS
8910 N. DALE MABRY HWY., SUITE 30
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
DST
HOLLAND, JOHN L SR.
STREET ADDRESS
8910 N. DALE MABRY HWY., SUITE 30
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
DV
KENISTON, MICHAEL
STREET ADDRESS
8910 N. DALE MABRY HWY., SUITE 30
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
DV
PLUMRIDGE, MICHAEL M
STREET ADDRESS
8910 N. DALE MABRY HWY., SUITE 30
CITY-STATE-ZIP
TAMPA FL 33614

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; and that I am a 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. I have signed, or caused to be signed, this report with an attachment with an address.

SIGNATURE:

John L. Holland, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

Date

(813) 930-9025

Daytime Phone #

CR2E034 (12/95)