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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33614-1500

3. Date Incorporated or Qualified 01/01/1994 3a. Date of Last Report 03/12/1996
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

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

10. Name and Address of New Registered Agent
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 type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE DPC ☐ DELETE
NAME HOLLAND, JOHN L JR.
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL
TITLE DST ☐ DELETE
NAME HOLLAND, JOHN L SR.
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL
TITLE DV ☐ DELETE
NAME KENISTON, MICHAEL
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL
TITLE DV ☐ DELETE
NAME PLUMRIDGE, MICHAEL M
STREET ADDRESS 8910 N. DALE MABRY HWY., SUITE 30
CITY-ST-ZIP TAMPA FL 33614
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 registered 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 any instrument with any address.

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

3/6/97 (813) 930-9025
Date Daytime Phone

CR2E034 (9/96)